

17

PROFESSIONAL SERVICES EMPLOYERS TRUST **EXHIBIT 1**
PART 1 of 2
Page 1 of 1248
COLEMAN-FIRE, BETHANY

STND 18-03985 000001

vol 1 of 2

LTD



4345131

TheStandard

COLEMAN-FIRE, BETHANY

VW3181

GRP LTD

Part 1 of 2

Site: SIC

CLSD 6/7/2017

EXHIBIT 1
PART 1 of 2
Page 2 of 1248

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 06/01/2013

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: E SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/15/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 09/15/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350

MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 3 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 12/19/2016

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: 2 SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/15/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 09/15/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 5 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 01/30/2017

USER: QALMCEA CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: 2 SALARY: 9,791.68 GROSS BENEFIT: 5,875.01
OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/15/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 09/15/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 7 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 02/08/2017

USER: QALMCEA CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: 2 SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/15/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 09/15/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
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BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 05/26/2016

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: E SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 05/19/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 05/19/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
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BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 05/24/2016

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: E SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : M

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 05/19/2016 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 05/19/2016 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
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BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 12/28/2015

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: 2 SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : A

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/18/2050 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 12/12/2014 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 15 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 01/13/2016

AIM: 00VW3181

BASE CLAIM:

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERSDOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

OR 97211

PAYEE/PROVIDER PROVIDER:

() -

AIM

STATUS: C REASON: 2 SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : ALDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/18/2050 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 12/12/2014 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: NMAX BNFT AMT: 8,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 090 DAYSELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:EXHIBIT 1
PART 1 of 2
Page 17 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 07/20/2015

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: A SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : A

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/18/2050 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 12/12/2014 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350

MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 8,000.00
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LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
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ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 19 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 06/30/2015

USER: CCCNSUZU CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: C REASON: A SALARY: 9,791.68 GROSS BENEFIT: 5,875.01

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: A ER CONT%: 100.00
DIAGNOSIS: TYPE : A

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 05/20/2014 BEN TO: 09/18/2050 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 12/12/2014 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 06/01/2013
REHAB RTW DATE: 08/04/2014 OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JESSICA ALLGIAR
7525 SE 24TH ST STE 350

MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 02
C POLICY - CLASS 2: SEE K
EVIDENCE REQD: N

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LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
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ELIMINATION PERIOD: 090 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: N
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 21 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

PROCLAIM
REPORT: 375-SI-01

STANDARD INSURANCE COMPANY
CLAIM OVERVIEW

RUN DATE: 02/04/2015

USER: CCCNFEUE CLAIM: 00VW3181 BASE CLAIM:

MEMBER

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE

ID: [REDACTED]
SEX: F
LAST GRADE: 18
OCC CODE: 110
LAWYERS

DOB: [REDACTED]
YOUNGEST CHILD
DOB: 00/0000
HIRE: 06/01/2013

PORTLAND OR 97211

(503) 320-9564

ALTERNATE PAYEE/PROVIDER PROVIDER:

() -

CLAIM

STATUS: P REASON: N SALARY: 9,791.67 GROSS BENEFIT: 5,875.00

OCC/NON-OCC: N DIAGNOSIS: 850 CONCUSSION CAUSE: I ER CONT%: .00
DIAGNOSIS: TYPE : I

LDW: 02/18/2014 IPV: 02/20/2014 DIS DT: 02/19/2014 DIS DATE AGE: 030
BEN FR: 08/18/2014 BEN TO: 09/18/2050 OWN OCC: 00/00/0000 SDR: 000
RTW: 00/00/0000 CLOSED: 00/00/0000 COLA RVW: 04/01/2016
RELATED CLAIM: BILLING DIV: 01 INSURANCE EFF DATE: 03/01/2001
REHAB RTW DATE: OWN JOB: 00/00/0000

BENEFIT STRUCTURE

GROUP: 10010415
PROFESSIONAL SERVICES EMPLOYER
ATTN JENNY KIM
7525 SE 24TH ST STE 350
MERCER ISLAND WA 98040
(206) 236-6480

PROD: LT TYPE: LT
CONTRACT: 445474
EFF DATE: 01/01/2013
LMT DATE: 12/31/2099
CLASS: 01
C POLICY - CLASS 1: SEE K
EVIDENCE REQD: N

MAX BNFT AMT: 15,000.00
MIN BNFT AMT: 100.00
LEVEL 1: 60.00 OF 99,999
LEVEL 2: 0.00 OF 0
LEVEL 3: 0.00 OF 0
ELIMINATION PERIOD: 180 DAYS

ELIG WAITING PERIOD: D 000
RTW LANGUAGE: S
CONTRIBUTORY: C
OFFSETS:
SS: Y DI: Y PR: ST:
PV:

EXHIBIT 1
PART 1 of 2
Page 23 of 1248

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND OR 97211

LONG TERM DISABILITY
NEW CLAIM RECORD

CLAIM ID:

00VW3181

CONTRACT # 445474

GROUP ID # 10010415

CLAIM TYPE LT
(LT, IP, DI, BE, IH, EP, etc.)

Admin Unit # _____

Tax Unit # _____

SS # [REDACTED]

MEMBER NAME: Bethany Coleman-Fire

Set up by NW Received Date 12/26/14

Out 1/30/15 RECEIVED

Reviewed by _____ Received Date ____/____/____

Out ____/____/____ JAN 30 2015

Approved by _____ Received Date ____/____/____

Out ____/____/____ LTD Claim Intake

Approved date ____/____/____ OR Denied date ____/____/____

Initial Claim Decision Reconsideration: Approved by _____

Approved date ____/____/____ OR Denied date ____/____/____

Policyowner Contact Professional Svs Employers Trust Phone No. () _____

Group Representative _____ Group Office SEA

Prior Claims _____ Date requested from GRIS _____

Evidence file ordered? ☐ Yes ☐ NoLife Insurance? ☐ Yes ☐ NoCLI? ☐ Yes ☐ No

Premium paid through ____ / ASO ____

ER Contribution % ____

Cafeteria Plan? ☐ Yes ☐ NoBuy-up Plan? ☐ Yes ☐ No

SUFFIX (On LTD processing screen "Div" FIELD) _____

LTD conversion in plan? ☐ Yes ☐ NoReceived certificate? ☐ Yes ☐ No Brochure? ☐ Yes ☐ No SPD? ☐ Yes ☐ NoPre-ex period ____ / Applicable ☐ Yes ☐ No

IPG yes - type ____ no

Indexed? ☐ Yes ☐ No

Diary events added _____

Order overview report _____

EXHIBIT 1
PART 1 of 2
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00 TC VT ST

445474

Search

Policy#

Group Status

Division Name: PROFESSIONAL SERVICES EMPLOYER

Policy Status: Active

Name2: DAVIS WRIGHT TREMAINE

Termination Date:

Addr1: ATTN JENNY KIM

Reinstatement Date:

Addr2: 7525 SE 24TH ST 350

Policy#: 445474

Addr3:

Gen: 00

City: MERCER ISLAND State: WA Zip: 98040

Division ID: 0001 Gen: 00

Effctv DT: 010113 20

Limit DT: 123199 20

Term DT:

Division Bill Type: Summary Bill

Division Status: Active

Last Paid Bill: 010115 20

Grace Period: 60 Days

Bills Per Year: 12 in a cycle

<-

 Division

->

 Browse

Policy: 445474

Class: 0100

Effctv DT: 010113 20

Limit DT: 123199 20

Division ID: 0001

Gen: 00

<-

 ->

->

 Generation
Browse Buttons

Prod 1: Term Life

Prod 2: Voluntary AD&D

Prod 3: Voluntary AD&D

Prod 4: Sif-Admn LTD

Prod 5:

Prod 6:

Print**User: nniemeye Date:****1/30/2015 Time: 10:06:55 AM**

Form Created by Samuel Steiner '04

medical through 7/1/15

Necole Suzuki

From: Bethany Coleman-Fire <bethany.coleman@gmail.com>
Sent: Wednesday, July 01, 2015 10:27 AM
To: Necole Suzuki
Subject: Additional medical records from Dr. Stone
Attachments: medrec (1).pdf; medrec (2).pdf; medrec (3).pdf; medrec (4).pdf; medrec (5).pdf; medrec.pdf

Hi Necole -

Attached are the records from Dr. Stone. I'm sorry that I missed these on the initial round. It's challenging to keep track of everyone I've seen. Please let me know if you have any difficulty opening them, etc. As I mentioned, I am out of town currently but will send you the OHSU records when I get home, assuming they have arrived.

Thanks,

B

--

Bethany Coleman-Fire
503-317-8898
Bethany.coleman@gmail.com

Coleman-Fire, Bethany [REDACTED] CC

page 1 of 1

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

CHIEF COMPLAINT

referred back for re-eval from OT at OHSU

Location: Severity: Quality: Duration:

Timing: Context: Modifying: Associated:

Secondary Complaints:

REVIEW OF OCULAR SYSTEM: Injuries, Infections, Surgeries, Diseases

None

Eye Meds: None

Last Eye Exam: 1 year

Doctor: Stone

FAMILY OCULAR HISTORY

Glaucoma: No Cataracts: Grandparent Macular Degen: Grandparent Retinal Detach: No Crossed / Lazy: No

PREVIOUS VISION CORRECTION

Primary Vision Correction: Glasses-Full Time Back up specs? Planning to get new glasses?

Type of CLs worn in past: Disposable Wear Time: Cleaner: Disposal: daily

NOTES:

Preferred Language:

Race:

Stone
5/14-6/15

EXHIBIT 1
PART 1 of 2
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Coleman-Fire, Bethany [REDACTED] Med Hx
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 1

PATIENT MEDICAL HISTORY: HAS, Arthritis, Asthma, Diabetes, HBP, Heart, Infl. Bowel Dz, Seizures, Thyroid

medhx2

medhx3

medhx4

medhx5

medhx6

Injuries, Surgeries, Hospitalization

Pregnant Or Nursing:

Recent Tetanus Shot:

Notes:

Primary Care Physician:

Last Visit:

Reason For Visit:

Systemic Meds:

med2

med3

med4

med5

med6

med7

med8

med9

med10

med11

med12

Drug Allergies:

BC:

OTC:

Vitamins:

FAMILY MEDICAL HISTORY: Diabetes, HBP, Heart Dz, Cancer, Arthritis, Lupus, Kidney, Thyroid, Other

None

fmh2

fmh3

fmh4

fmh5

fmh6

SOCIAL HISTORY

Occupation: lawyer

Hobbies:

Tobacco: No

Type: None

How Long:

Alcohol: No

Type: None

How Long:

Illegal Drugs: No

Type:

How Long:

STD: None

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

Coleman-Fire, Bethany [REDACTED] ROS

page 1 of 1

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

REVIEW OF SYSTEMS: DO YOU CURRENTLY HAVE ANY OF THESE PROBLEMS?

GENERAL: Fever, weight loss, weight gain, fatigue?	None
EAR, NOSE, THROAT: Allergies, Sinus, Cough, Dry Mouth / Throat	None
CARDIOVASCULAR: High BP, Heart Surgery, Vascular Disease	None
RESPIRATORY: Asthma, Bronchitis, Emphysema, COPD	None
GENTRAL, KIDNEY, BLADDER: Kidney Stones, Frequent Urination, impotence	None
MUSCLES, BONES, JOINTS: Arthritis, Joint Pains, Head or Neck Injury	None
SKIN: growths, rashes, acne	None
NEUROLOGICAL: Headaches, migraines, seizures	None
PSYCHIATRIC: Depression, Anxiety, Insomnia	None
ENDOCRINE: Thyroid, Diabetes	None
BLOOD/LYMPH: Anemia, cholesterol, bleeding problems	None
ALLERGIC / IMMUNOLOGIC: Seasonal Allergies, Rheumatoid, AIDS, Allergy Shots, Lupus	None
GASTROINTESTINAL: Diarrhea, Constipation, Ulcer, Reflux	None

Coleman-Fire, Bethany [REDACTED] CLS Fit/Progr [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page [REDACTED]

CC: Hx of PI
 Would like to be refit into daily disp
 Currently wearing TruEye CL

OD K's

___ Auto

OS K's

___ Manual

Wearing/ First time disp

Brand:	Sphere:	Cyl:	Axis	BC:	DIA:	Add	DVAcc OD:			
OD TruEye	-4.00			8.5	14.2		20/25+			___ Monovision
TruEye	-4.50	Cyl OS		8.5	14.2		20/25+	DVAcc OU:	20/20	Dominant eye:
OS			Axis OS				Add OS	NVAcc OU:		
OR OD CL: pl			OR OS CL: pl							

CL/Ant Seg Assessment:

OR VA OD CL:

OR VA OS CL:

Movement: Adequate

OD
OS
Adequate

Notes:

Centration: Adequate

Adequate

Overlap: Adequate

Adequate

Tear film: Adequate

Adequate

A/P: OK to disp CL

Lids / Lashes: Clean

Clean

Conjunctiva: Clear

Clear

Cornea: Clear

Clear

___ Schedule FU 5-10 days

X Reviewed proper hygiene

___ Order CL

___ I+R today

X DW schedule

___ Schedule PU

___ Refit below

Replacement schedule: Daily

___ Okay to PU, schedule FU

Refit

Brand:	Power:	Cyl OD	Axis OD	Add OD	BC:	DIA:	DVAcc:
OD TruEye	-4.00				8.5	14.2	
OS TruEye	-4.50	Cyl OS	Axis OS	Add OS	8.5	14.2	

X Acceptable fit, movement, centration, comfort to start trial pc

Coleman-Fire, Bethany TBI VE
Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 5

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye:

Chief Complaint: headaches- daily, but not as severe

Dominant hand:

HPI's: Working part time.
Just finished neuro-psych test recently. Very fatiguing. Reading very slowly for her, but normal for adult population.
Still works with Rosanne every other week. Currently working on Brock string; coin circles; C-P saccades; works on Dynavision and does poorly.
Age: Drives but drives slower now and is hyper aware of things.
HA do not seem to increase after computer use.
31 Fatigue seems to be biggest factor effecting headaches

Additional Concerns:

Lot less neck pain now after PT in fall. Gets messages regularly which helps.
Is involved with rowing club and works with personal trainer
has been reading for pleasure, but does right before bed.
Sleep patterns are variable. Decent night is 8-9hr/night; ave week is 6.5-7hrs/n. Wakes too early.
has CL that will wear occasionally.

Current TX: OT

Visual Priorities: read

Medications: Welbutrin

Med Allergies: cefaclor

Orientation: X Time X Place X Person X Mood X Affect X ROS Checked Today

Habitual Rx OD: -3.75-0.50x080 OD: Mono PD K's OD: @ / @
Habitual Rx OS: -4.75 OS: I's OS: @ / @
Hab Add: Rxed: Therapy CL Power: CL Rx OD: cly: x Add OD:
Wear Schedule: CL Rx OS: cly: x Add OS:

DVA Unaided OD: 20/ NVA Unaided OD: 20/ Horizontal Vertical
DVA Unaided OS: 20/ NVA Unaided OS: 20/ Dist. CT Unaided: Chart:
DVA Unaided OU: 20/ NVA Unaided OU: 20/ Near CT Unaided: Test Dist:
CT UA Horiz Results:
CT UA Vert Results:
DVA Aided OD: 20/ 20- NVA Aided OD: 20/ 20 Horizontal Vertical
DVA Aided OS: 20/ 20 NVA Aided OS: 20/ 20 Dist CT Aided: orthophoria orthophoria Chart: Snellen
DVA Aided OU: 20/ 20 NVA Aided OU: 20/ 20 Near CT Aided: exophoria orthophoria Test Dist: 20 Feet (mirrored)

CT Aid Horiz Results: normal horizontal eye alignment at distance and near

CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested
___ Missed All

X Cat X Rabbit X Monkey ___ Missed All ___ Not Tested

Stereoacuity: 6/10 Global Stereo: normal Percentage: Suppression: no suppression

Stereo Reindeer: Observations:

Conclusions:

Coleman-Fire, Bethany TBI VE
Electronically signed by: Dr. Detmer Stone, Rosemary

06/18/2015

page 2 of 5

Accom Amp (push up method)			Accom Amp (pull back method)			NPC (accom target)			NPC (pen light/red lens)		
OD	D	cm	OD	D	cm	Trial #1	TTN	cm	Trial #1		cm
OS	D	cm	OS	D	cm	Trial #2	TTN	cm	Trial #2		cm
OU	D	cm	OU	D	cm	Trial #3	TTN	cm	Trial #3		cm

Observations:

Observations: good convergence

Results:

Results: normal

NSUOCO Pursuits

Ability: 5 Completes 2 rotations in each direction

Accuracy: 5 No refixations

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

NSUOCO Saccades

Ability: 5 Completes 5 roundtrips

Accuracy: 5 No over or undershooting noted

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

Nystagmus: no

Type:

Nullpoint:

Direction of slow phase:

Pupils: ERLA -APD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD:

VF Screening OS:

Amsler Grid OS:

Retinoscopy OD: -3.75-0.50x090

Subjective Refraction OD: -3.50-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS: -4.75

Subjective Refraction OS: -4.50

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex: red, bright

Add:

Dist OU: 20/ 20

Near OU: 20/ 20

Dist Phoria H: orthophoria

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: .2 exo

V: orthophoria

+1.00:

Near BO:

18/14

Near BI: 20/16

Vertical Range Dist OD:

BU /

BD

Vertical Range Near OD:

BU /

BD

Method of Testing Phorias: In Phoropter w/ Risley Prisms

Vertical Range Dist OS:

BU /

BD

Vertical Range Near OS:

BU /

BD

Method of Testing Ranges: In Phoropter w/ Risley Prisms

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results: normal horizontal eye alignment at distance and near

Vert Phoria Results: normal vertical eye alignment at distance and near

Horiz Range Results: normal convergence and divergence ranges at near

Vert Range Results:

Observations:

NRA: +2.50

PRA: -6.00

Results: normal NRA & PRA

Binoc CC: +0.25

Phoria thru CC: 2 exo

VA thru CC: 20/20

Maddox Rod Dist. H:

Maddox Rod Dist. V:

Maddox Rod Near H:

Maddox Rod Near V:

EXHIBIT 1
PART 1 of 2

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STND 18-03985-000035

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary

06/18/2015

page 3 of 5

Double Maddox Rod

Conclusions:

W4D D: +2.00:

W4D Results:

W4D I: -2.00:

Observations:

W4D N:

Conclusions:

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
	___ Right	___ Right----->	LIO	
	___ Left	___ Left----->	RIO	
___ Right	___ Left	___ Right----->	RSO	
		___ Left----->	LSR	
	___ Right	___ Right----->	RSR	
	___ Left	___ Left----->	LSO	
___ Left	___ Left	___ Right----->	LIR	
		___ Left----->	RIO	

Conclusions

Midline Shift

Lateral Midline: no evidence of a lateral midline shift

Vertical Midline: no evidence of a vertical midline shift

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: DEM: 62 sec (No errors) 5%
 Vergence facility: good transitions, OU.
 Visagraph: reading rate 171 (expected 340)
 Fixation 170/ expected 77; Regressions 42/ expected 11
 Grade level efficiency: 3.5 (expected 12.0)

Neglect: none

X See scanned tests

VF Date: 6/18/2015

VF Office: ANV

___ See scanned field

VF Results: no relative defects or scotomas

Comments:

EXHIBIT 1
PART 1 of 2
Page 36 of 1248

STND 18-03985-000036

Coleman-Fire, Bethany [REDACTED] TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 4 of 5

Expansion Prisms

Amount: Results:

Observations:

Tonometry OD: 12

Method: Pulsair

GTTS:

Tonometry OS: 14

Time: 03:15 PM

Comments:

Biomicroscopy Lenses: 90D

Time:

GTTS:

Adnexa/Orbit: Normal

Normal

Anterior Segment

Lids / Lashes: Normal

Normal

Conjunctiva: Clear

Clear

Sclera: White

White

Tear Film: Thick, Clear

Thick, Clear

Cornea: Clear

Clear

Cornea

Angle: Open

Open

Ant Chamber: Deep/Quiet

Deep/Quiet

Iris: Flat, -Neo, Intact

Flat, -Neo, Intact

Lens: Clear

Clear

Vitreous: Clear

Clear

Posterior Segment

C/D Ratio: 0.2

0.2

ONH: Round, Pink, NRR1

Round, Pink, NRR1

Macula: Flat, +FLR

Flat, +FLR

Vessels: Normal

Normal

Periphery: (-) Holes, Tears, Ret Detach

(-) Holes, Tears, Ret Detach

___ Optos Reviewed

Comments

Visuoscopy:

Final Rx OD: -3.75-0.50x085

OD:

Vertical

OS:

Horizontal

Final VA OD: 20

Final NVA OD: 20

Final Rx OS: -4.50

OS:

OS:

Final VA OS: 20

Final NVA OS: 20

Final Rx Add:

Dev Lens OD:

Dev Lens OS:

Final VA OU: 20

Final NVA OU: 20

Wear Schedule 1: This prescription is designed to be worn full time.

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

Spec Rx 2 Notes:

Assessment:

Motility:

normal gross pursuits, oculomotor dysfunction in fine saccades, full range of motion
 Right eye decrease in saccadic function noted today in testing, as compared to 1 year ago

Accommodation: normal accommodative power, normal accommodative flexibility

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000037

Coleman-Fire, Bethany [REDACTED] TBI VE

page 5 of 5 [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 10/18/2015

Binocularity: normal binocularity and no ocular misalignment

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal
Automated VF testing: revealed no relative defects or scotomas, OU

Performance Impact: reading comprehension and speed

Impression: Saccadic eye movements are significantly reduced in testing today, which could be contributory to reading difficulties with comprehension and speed. Has been working this morning, which may have some effect on results due to fatigue.

Plan: Recommend saccadic eye movement techniques to OT (Rosanne) at OHSU to help improve reading ability. Those activities should include: Column jumping; multiple Hart chart column jumping; Ann Arbors; Alphabet pencils, etc.
RTC in 2 months to reassess saccadic eye movement function.

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:

TBI Memo:

Coleman-Fire, Bethany [REDACTED] ARRA

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 1

☐ Ignore this record for Meaningful UseStatus - Allergy Agent - Reaction - Severity
Prior History - Cefaclor -Notes
RTC 2 months for PE☐ No known drug allergiesPrescribed Date - Medication Name - Status
06/18/2015 - Wellbutrin -
06/18/2015 - topiramate -☐ No current medications☐ Patient Transferred In/Referred To This Provider☐ Medication Reconciliation performed☐ Patient Transferred Out/Referred To Other Provider☐ Summary of care provided for transfer☐ Transferred Out Electronic☐ Received Consultant Rpt☐ Asked for electronic copy☐ Received electronic copy☐ E-Prescribed medication☐ Patient has received clinical summary of this visit☐ Patient was provided education resource

(Crystal PM helped determined which edu resource)

Smoking Status

Never smoker (<100 cigs

equiv)

Discussed Cessation

No

Preferred Language
EnglishRace
WhiteEthnicity
Not Hispanic or Latino

Height

0 ft 0

Weight

in 0 lbs

BMI

BMI Followup?

No

Blood Pressure

0 / 0

Hypertension?

No

Dilated Macular/Fundus Exam
NoCounseled for Nutrition
YesCounseled for Activity
YesIs Primary Care Provider?
NoRecvd Flu Immun
NoRetinal/Dilated Eye Exam
NoRetinopathy Severity Level
NoneMacular Edema
No

Communicated to Diabetes Care Provider:

Exam Findings

No

Severity of Retinopathy

No

Cup to Disc ratio OD

0.00 H 0.00 V

Cup to Disc ratio OS

0.00 H 0.00 V

Optic Nerve Evaluation
YesOptic disc or retinal nerve abnormalities:
OD No OS No# Linked Images
0

Diagnosis Code

Description

Bill ID

CPT

Description

310.2 Postconcussion Syndrome [Posttraumatic brain syndrome]

OV FP4

99214

Office Visit FP Level 4

379.57 Deficiencies of Saccadic Eye Movement [Abnormal
Optokinetic
Response]

VF Int

92082

VISUAL FIELDS Intermediate

Optos

92250

OPTOS: Digital Imaging

Billing Modifiers Description

Date - Type - Primary - Status - Problem

MU Measures Outside Of Crystal PM

Medication Orders 0

Lab Orders 0

Radiology Orders 0

Imaging Orders (non-Radiology) 0

Relationship - Disease or Condition
Empty List -☐ Unknown family history

Type - Plan

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 06/18/2015
Tabs Filled Out : CC [pages:1]
: Med Hx [pages:1]
: ROS [pages:1]
: Prescription [pages:1]
: CLS Fit/Progress [pages:1]
: TBI VE [pages:5]
: ARRA [pages:1]

Coleman-Fire, Bethany [REDACTED] CC

page 1 of 1 [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

CHIEF COMPLAINT

referred back for re-eval from OT at OHSU

Location: Severity: Quality: Duration:

Timing: Context: Modifying: Associated:

Secondary Complaints:

REVIEW OF OCULAR SYSTEM: Injuries, Infections, Surgeries, Diseases

None

Eye Meds: None Last Eye Exam: 1 year Doctor: Stone

FAMILY OCULAR HISTORY

Glaucoma: No Cataracts: Grandparent Macular Degen: Grandparent Retinal Detach: No Crossed / Lazy: No

PREVIOUS VISION CORRECTION

Primary Vision Correction: Glasses-Full Time Back up specs? Planning to get new glasses?

Type of CLs worn in past: Disposable Wear Time: Cleaner: Disposal: daily

NOTES:

Preferred Language:

Race:

Coleman-Fire, Bethany [REDACTED] Med Hx
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 1

PATIENT MEDICAL HISTORY: HAS, Arthritis, Asthma, Diabetes, HBP, Heart, Infl. Bowel Dz, Seizures, Thyroid

medhx2

medhx3

medhx4

medhx5

medhx6

Injuries, Surgeries, Hospitalization

Pregnant Or Nursing:

Recent Tetanus Shot:

Notes:

Primary Care Physician:

Last Visit:

Reason For Visit

Systemic Meds:

med2

med3

med4

med5

med6

med7

med8

med9

med10

med11

med12

Drug Allergies:

BC:

OTC:

Vitamins:

FAMILY MEDICAL HISTORY: Diabetes, HBP, Heart Dz, Cancer, Arthritis, Lupus, Kidney, Thyroid, Other

None

fmh2

fmh3

fmh4

fmh5

fmh6

SOCIAL HISTORY

Occupation: lawyer

Hobbies:

Tobacco: No

Type: None

How Long:

Alcohol: No

Type: None

How Long:

Illegal Drugs: No

Type:

How Long:

STD: None

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

Coleman-Fire, Bethany [REDACTED] ROS

page 1 of 1

Electronically signed by: Dr. Detmer Stone, Rosemary 08/16/2015

REVIEW OF SYSTEMS: DO YOU CURRENTLY HAVE ANY OF THESE PROBLEMS?

GENERAL: Fever, weight loss, weight gain, fatigue?	None
EAR, NOSE, THROAT: Allergies, Sinus, Cough, Dry Mouth / Throat	None
CARDIOVASCULAR: High BP, Heart Surgery, Vascular Disease	None
RESPIRATORY: Asthma, Bronchitis, Emphysema, COPD	None
GENITAL, KIDNEY, BLADDER: Kidney Stones, Frequent Urination, impotence	None
MUSCLES, BONES, JOINTS: Arthritis, Joint Pains, Head or Neck Injury	None
SKIN: growths, rashes, acne	None
NEUROLOGICAL: Headaches, migraines, seizures	None
PSYCHIATRIC: Depression, Anxiety, Insomnia	None
ENDOCRINE: Thyroid, Diabetes	None
BLOOD/LYMPH: Anemia, cholesterol, bleeding problems	None
ALLERGIC / IMMUNOLOGIC: Seasonal Allergies, Rheumatoid, AIDS, Allergy Shots, Lupus	None
GASTROINTESTINAL: Diarrhea, Constipation, Ulcer, Reflux	None

Coleman-Fire, Bethany [REDACTED] Prescription [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary [REDACTED]

06/18/2015

page 1 of [REDACTED]

Spectacle Rx 1

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-3.75-0.50x085	OD	-3.75	-0.50	085						
-4.50	OS	-4.50								

Near PD

Notes:

Contact Lens Rx 1

X Disposable

X Sphere

	Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD		TruEye	8.5	14.2	-4.00	
OS		TruEye	8.5	14.2	-4.50	

Notes:

Coleman-Fire, Bethany [REDACTED] CLS Fit/Progr [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page [REDACTED]

CC: Hx of PI
 Would like to be refit into daily disp
 Currently wearing TruEye CL

OD K's

___ Auto

OS K's

___ Manual

Wearing/ First time disp

Brand:
 OD TruEye

Sphere:
 -4.00

Cyl:

Axis

BC:
 8.5

DIA:
 14.2

Add

DVAcc OD:
 20/25+

DVAcc OU: 20/20

___ Monovision

Dominant eye:

TruEye
 OS

-4.50

Cyl OS

8.5

14.2

20/25+
 Add OS

NVAcc OU:

OR OD CL: pl

OR OS CL: pl

CL/Ant Seg Assessment:

OR VA OD CL:

OR VA OS CL:

OD
 Movement: Adequate

OS
 Adequate

Notes:

Centration: Adequate

Adequate

Overlap: Adequate

Adequate

Tear film: Adequate

Adequate

A/P: OK to disp CL

Lids / Lashes: Clean

Clean

Conjunctiva: Clear

Clear

Cornea: Clear

Clear

___ Schedule FU 5-10 days

X Reviewed proper hygiene

___ Order CL

___ I+R today

X DW schedule

___ Schedule PU

___ Refit below

Replacement schedule: Daily

___ Okay to PU, schedule FU

Refit

Brand:
 OD TruEye

Power:
 -4.00

Cyl OD

Axis OD

Add

OD

BC:

8.5

DIA:

14.2

DVAcc:

OS TruEye

-4.50

Cyl OS

Axis OS

Add

OS

8.5

14.2

X Acceptable fit, movement, centration, comfort to start trial pe

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 5

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye:
 Chief Complaint: headaches- daily, but not as severe Dominant hand:

HPI's: Working part time.
 Just finished neuro-psych test recently. Very fatiguing. Reading very slowly for her, but normal for adult population.
 Still works with Rosanne every other week. Currently working on Brock string; coin circles; C-P saccades; works on Dynavision and does poorly.
 Drives but drives slower now and is hyper aware of things.
 Age: HA do not seem to increase after computer use.
 31 Fatigue seems to be biggest factor effecting headaches

Additional Concerns:

Lot less neck pain now after PT in fall. Gets messages regularly which helps.
 Is involved with rowing club and works with personal trainer
 has been reading for pleasure, but does right before bed.
 Sleep patterns are variable. Decent night is 8-9hr/night; ave week is 6.5-7hrs/n. Wakes too early.
 has CL that will wear occasionally.

Current TX: OT

Visual Priorities: read

Medications: Welbutrin

Med Allergies: cefaclor

Orientation: X Time X Place X Person X Mood X Affect X ROS Checked Today

Habitual Rx OD: -3.75-4.50x080 Mono PD K's OD: @ / @
 Habitual Rx OS: -4.75 OS: K's OS: @ / @
 Quality of Mires: Cyl OD Cyl OS
 Hab Add: Rxed: Therapy CL Power: CL Rx OD: cly: x Add OD:
 Wear Schedule: CL Rx OS: cly: x Add OS:

DVA Unaided OD: 20/ NVA Unaided OD: 20/ Horizontal Vertical
 DVA Unaided OS: 20/ NVA Unaided OS: 20/ Dist. CT Unaided: Chart:
 DVA Unaided OU: 20/ NVA Unaided OU: 20/ Near CT Unaided: Test Dist:

CT UA Horiz Results:

CT UA Vert Results:

DVA Aided OD: 20/ 20- NVA Aided OD: 20/ 20 Horizontal Vertical
 DVA Aided OS: 20/ 20 NVA Aided OS: 20/ 20 Dist CT Aided: orthophoria orthophoria Chart: Snellen
 DVA Aided OU: 20/ 20 NVA Aided OU: 20/ 20 Near CT Aided: exophoria orthophoria Test Dist: 20 Feet (mirrored)

CT Aid Horiz Results: normal horizontal eye alignment at distance and near

CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested
 ___ Missed All

X Cat X Rabbit X Monkey ___ Missed All ___ Not Tested

Stereoacuity: 6/10 Global Stereo: normal Percentage: Suppression: no suppression

Stereo Reindeer: Observations:

Conclusions:

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Coleman-Fire, Bethany [REDACTED] TBI VE

page 2 of 5 [REDACTED]

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Accom Amp (push up method)			Accom Amp (pull back method)			NPC (accom target)		NPC (pen light/red lens)		
OD	D	cm	OD	D	cm	Trial #1	TTN	cm	Trial #1	cm
OS	D	cm	OS	D	cm	Trial #2	TTN	cm	Trial #2	cm
OU	D	cm	OU	D	cm	Trial #3	TTN	cm	Trial #3	cm

Observations:

Observations: good convergence

Results:

Results: normal

NSUOCO Pursuits

Ability: 5 Completes 2 rotations in each direction

Accuracy: 5 No refixations

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

NSUOCO Saccades

Ability: 5 Completes 5 roundtrips

Accuracy: 5 No over or undershooting noted

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

Nystagmus: no

Type:

Nullpoint:

Direction of slow phase:

Pupils: ERRLA -APD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD:

VF Screening OS:

Amsler Grid OS:

Retinoscopy OD: -3.75-0.50x090

Subjective Refraction OD: -3.50-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS: -4.75

Subjective Refraction OS: -4.50

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex: red, bright

Add:

Dist OU: 20/ 20

Near OU: 20/ 20

Dist Phoria H: orthophoria

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: 2 exo

V: orthophoria

+1.00:

Near BO:

18/14

Near BI: 20/16

Vertical Range Dist OD:

BU /

BD

Vertical Range Near OD:

BU /

BD

Method of Testing Phorias: In Phoropter w/ Risley Prisms

Vertical Range Dist OS:

BU /

BD

Vertical Range Near OS:

BU /

BD

Method of Testing Ranges: In Phoropter w/ Risley Prisms

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results: normal horizontal eye alignment at distance and near

Vert Phoria Results: normal vertical eye alignment at distance and near

Horiz Range Results: normal convergence and divergence ranges at near

Vert Range Results:

Observations:

NRA: +2.50

PRA: -6.00

Results: normal NRA & PRA

Binoc CC: +0.25

Phoria thru CC: 2 exo

VA thru CC 20/20

Maddox Rod Dist. H:

Maddox Rod Dist. V:

Maddox Rod Near H:

Maddox Rod Near V:

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Coleman-Fire, Bethany [REDACTED] TBI VE
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page 3 of 5

Double Maddox Rod

Conclusions:

W4D D: +2.00:

W4D Results:

W4D I: -2.00:

Observations:

W4D N:

Conclusions:

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
___ Right	___ Right	___ Right----->	LIO	Conclusions
	___ Left	___ Left----->	RIO	
	___ Right	___ Right----->	RSO	
	___ Left	___ Left----->	LSR	
___ Left	___ Right	___ Right----->	RSR	
	___ Left	___ Left----->	LSO	
	___ Right	___ Right----->	LIR	
	___ Left	___ Left----->	RIO	

Midline Shift

Lateral Midline: no evidence of a lateral midline shift

Vertical Midline: no evidence of a vertical midline shift

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: DEM: 62 sec (No errors) 5%
 Vergence facility: good transitions, OU.
 Visagraph: reading rate 171 (expected 340)
 Fixation 170/ expected 77; Regressions 42/ expected 11
 Grade level efficiency: 3.5 (expected 12.0)

Neglect: none

X See scanned tests

VF Date: 6/18/2015

VF Office: ANV

___ See scanned field

VF Results: no relative defects or scotomas

Comments:

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Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 4 of 5

Expansion Prisms

Amount: Results:

Observations:

Tonometry OD: 12

Method: Pulsair

GTTS:

Tonometry OS: 14

Time: 03:15 PM

Comments:

Biomicroscopy Lenses: 90D

Time:

GTTS:

Adnexa/Orbit: Normal

Normal

Anterior Segment

Lids / Lashes: Normal

Normal

Conjunctiva: Clear

Clear

Sclera: White

White

Tear Film: Thick, Clear

Thick, Clear

Cornea: Clear

Clear

Cornea

Angle: Open

Open

Ant Chamber: Deep/Quiet

Deep/Quiet

Iris: Flat, -Neo, Intact

Flat, -Neo, Intact

Lens: Clear

Clear

Vitreous: Clear

Clear

Posterior Segment

C/D Ratio: 0.2

0.2

ONH: Round, Pink, NRRI

Round, Pink, NRRI

Macula: Flat, +FLR

Flat, +FLR

Vessels: Normal

Normal

Periphery: (-) Holes, Tears, Ret Detach

(-) Holes, Tears, Ret Detach

___ Optos Reviewed

Comments

Visuoscropy:

		Vertical	Horizontal		
Final Rx OD:	-3.75-0.50x085	OD:	OD:	Final VA OD: 20	Final NVA OD: 20
Final Rx OS:	-4.50	OS:	OS:	Final VA OS: 20	Final NVA OS: 20
Final Rx Add:	Dev Lens OD:	Dev Lens OS:		Final VA OU: 20	Final NVA OU: 20

Wear Schedule 1: This prescription is designed to be worn full time.

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

Spec Rx 2 Notes:

Assessment: Motility: normal gross pursuits, oculomotor dysfunction in fine saccades, full range of motion
 Significant decrease in saccadic function noted today in testing, as compared to 1 year ago

Accommodation: normal accommodative power, normal accommodative flexibility

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Coleman-Fire, Bethany [REDACTED] TBI VE [REDACTED]

page 5 of 5 [REDACTED]

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Binocularity: normal binocularity and no ocular misalignment

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal
Automated VF testing: revealed no relative defects or scotomas, OU

Performance Impact: reading comprehension and speed

Impression: Saccadic eye movements are significantly reduced in testing today, which could be contributory to reading difficulties with comprehension and speed. Has been working this morning, which may have some effect on results due to fatigue.

Plan: Recommend saccadic eye movement techniques to OT (Rosanne) at OHSU to help improve reading ability. Those activities should include: Column jumping; multiple Hart chart column jumping; Ann Arbors; Alphabet pencils, etc.
RTC in 2 months to reassess saccadic eye movement function.

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:

TBI Memo:

Coleman-Fire, Bethany [REDACTED] ARRA [REDACTED]
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page 1 of 1 [REDACTED]

___ Ignore this record for Meaningful Use

Status - Allergy Agent - Reaction - Severity
 Prior History - Cefaclor - -

Notes
 RTC 2 months for PE

___ No known drug allergies

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

___ No current medications

Preferred Language Race Ethnicity
 English White Not Hispanic or Latino

Height Weight
 0 ft 0 in 0 lbs

BMI

BMI Followup?
 No

Blood Pressure
 0 / 0

Hypertension?
 No

Dilated Macular/Fundus Exam
 No

Counseled for Nutrition
 Yes

Counseled for Activity
 Yes

Is Primary Care Provider? Recvd Flu Immun
 No No

Retinal/Dilated Eye Exam
 No

Retinopathy Severity Level
 None

Macular Edema
 No

Communicated to Diabetes Care Provider:
 Exam Findings Severity of Retinopathy
 No No

Cup to Disc ratio OD Cup to Disc ratio OS
 0.00 H 0.00 V 0.00 H 0.00 V

Optic Nerve Evaluation
 Yes

Optic disc or retinal nerve abnormalities:
 OD No OS No

Linked Images
 0

Diagnosis Code Description
 310.2 Postconcussion Syndrome [Posttraumatic brain syndrome]
 379.57 Deficiencies of Saccadic Eye Movement [Abnormal
 Optokinetic Response]

Bill ID

CPT

Description

OV FP4

99214

Office Visit FP Level 4

VF Int

92082

VISUAL FIELDS Intermediate

Optos

92250

OPTOS: Digital Imaging

Billing Modifiers Description

Date - Type - Primary - Status - Problem

MU Measures Outside Of Crystal PM
 Medication Orders 0
 Lab Orders 0
 Radiology Orders 0
 Imaging Orders (non-Radiology) 0

Relationship - Disease or Condition
 Empty List -

___ Unknown family history

Type - Plan

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 06/18/2015
Tabs Filled Out : CC [pages:1]
: Med Hx [pages:1]
: ROS [pages:1]
: Prescription [pages:1]
: CLS Fit/Progress [pages:1]
: TBI VE [pages:5]
: ARRA [pages:1]

Coleman-Fire, Bethany [REDACTED] CC

page 1 of 1

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CHIEF COMPLAINT

referred back for re-eval from OT at OHSU

Location:	Severity:	Quality:	Duration:
Timing:	Context:	Modifying:	Associated:

Secondary Complaints:

REVIEW OF OCULAR SYSTEM: Injuries, Infections, Surgeries, Diseases

None

Eye Meds: None

Last Eye Exam: 1 year

Doctor: Stone

FAMILY OCULAR HISTORY

Glaucoma: No	Cataracts: Grandparent	Macular Degen: Grandparent	Retinal Detach: No	Crossed / Lazy: No
--------------	------------------------	----------------------------	--------------------	--------------------

PREVIOUS VISION CORRECTION

Primary Vision Correction:	Glasses-Full Time	Back up specs?	Planning to get new glasses?
Type of CLs worn in past:	Disposable	Wear Time:	Cleaner: Disposal: daily

NOTES:

Preferred Language:

Race:

Coleman-Fire, Bethany [REDACTED] Med Hx [REDACTED]
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page 1 of 1 [REDACTED]

PATIENT MEDICAL HISTORY: HAS, Arthritis, Asthma, Diabetes, HBP, Heart, Infl. Bowel Dz, Seizures, Thyroid

medhx2

medhx3

medhx4

medhx5

medhx6

Injuries, Surgeries, Hospitalization

Pregnant Or Nursing:

Recent Tetanus Shot:

Notes:

Primary Care Physician:

Last Visit:

Reason For Visit:

Systemic Meds:

med2

med3

med4

med5

med6

med7

med8

med9

med10

med11

med12

Drug Allergies:

BC:

OTC:

Vitamins:

FAMILY MEDICAL HISTORY: Diabetes, HBP, Heart Dz, Cancer, Arthritis, Lupus, Kidney, Thyroid, Other

None

fmh2

fmh3

fmh4

fmh5

fmh6

SOCIAL HISTORY

Occupation: lawyer

Hobbies:

Tobacco: No

Type: None

How Long:

Alcohol: No

Type: None

How Long:

Illegal Drugs: No

Type:

How Long:

STD: None

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

Coleman-Fire, Bethany [REDACTED] ROS

page 1 of 1

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REVIEW OF SYSTEMS: DO YOU CURRENTLY HAVE ANY OF THESE PROBLEMS?

GENERAL: Fever, weight loss, weight gain, fatigue?	None
EAR, NOSE, THROAT: Allergies, Sinus, Cough, Dry Mouth / Throat	None
CARDIOVASCULAR: High BP, Heart Surgery, Vascular Disease	None
RESPIRATORY: Asthma, Bronchitis, Emphysema, COPD	None
GENITAL, KIDNEY, BLADDER: Kidney Stones, Frequent Urination, impotence	None
MUSCLES, BONES, JOINTS: Arthritis, Joint Pains, Head or Neck Injury	None
SKIN: growths, rashes, acne	None
NEUROLOGICAL: Headaches, migraines, seizures	None
PSYCHIATRIC: Depression, Anxiety, Insomnia	None
ENDOCRINE: Thyroid, Diabetes	None
BLOOD/LYMPH: Anemia, cholesterol, bleeding problems	None
ALLERGIC / IMMUNOLOGIC: Seasonal Allergies, Rheumatoid, AIDS, Allergy Shots, Lupus	None
GASTROINTESTINAL: Diarrhea, Constipation, Ulcer, Reflux	None

Coleman-Fire, Bethany [REDACTED] Prescription [REDACTED]
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page 1 of [REDACTED]

Spectacle Rx 1

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-3.75-0.50x085	OD	-3.75	-0.50	085						
-4.50	OS	-4.50								

Near PD

Notes:

Contact Lens Rx 1

X Disposable

X Sphere

	Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD		TruEye	8.5	14.2	-4.00	
OS		TruEye	8.5	14.2	-4.50	

Notes:

Coleman-Fire, Bethany [REDACTED] CLS Fit/Progr [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

pag [REDACTED]

CC: Hx of PI
 Wouldl ike to be refit into daily disp
 Currently wearing TruEye CL

OD K's _____ Auto
 OS K's _____ Manual

Wearing/ First time disp

Brand:	Sphere:	Cyl:	Axis	BC:	DIA:	Add	DVAcc OD:			
OD TruEye	-4.00			8.5	14.2		20/25+			_____ Monovision
TruEye	-4.50			8.5	14.2		20/25+	DVAcc OU: 20/20		Dominant eye:
OS		Cyl OS		Axis OS			DVAcc OS:	NVAcc OU:		
							Add OS			

OR OD CL: pl

OR OS CL: pl

CL/Ant Seg Assessment:

OR VA OD CL:

OR VA OS CL:

	OD	OS
Movement:	Adequate	Adequate
Centration:	Adequate	Adequate
Overlap:	Adequate	Adequate
Tear film:	Adequate	Adequate
Lids / Lashes:	Clean	Clean
Conjunctiva:	Clear	Clear
Cornea:	Clear	Clear

Notes:

A/P: OK to disp CL

_____ Schedule FU 5-10 days	X Reviewed proper hygiene	_____ Order CL
_____ I+R today	X DW schedule	_____ Schedule PU
_____ Refit below	Replacement schedule: Daily	_____ Okay to PU, schedule FU

Refit

Brand:	Power:	Cyl OD	Axis OD	Add OD	BC:	DIA:	DVAcc:
OD TruEye	-4.00				8.5	14.2	
OS TruEye	-4.50	Cyl OS	Axis OS	Add OS	8.5	14.2	

X Acceptable fit, movement, centration, comfort to start trial pe

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 5

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye:

Chief Complaint: headaches- daily, but not as severe

Dominant hand:

HPI's: Working part time.
 Just finished neuro-psych test recently. Very fatiguing. Reading very slowly for her, but normal for adult population.
 Still works with Rosame every other week. Currently working on Brock string; coin circles; C-P saccades; works on Dynavision and does poorly.
 Drives but drives slower now and is hyper aware of things.
 Age: HA do not seem to increase after computer use.
 31 Fatigue seems to be biggest factor effecting headaches

Additional Concerns:

Lot less neck pain now after PT in fall. Gets messages regularly which helps.
 Is involved with rowing club and works with personal trainer
 has been reading for pleasure, but does right before bed.
 Sleep patterns are variable. Decent night is 8-9hr/night; ave week is 6.5-7hrs/n. Wakes too early.
 has CL that will wear occasionally.

Current TX: OT

Visual Priorities: read

Medications: Welbutrin

Med Allergies: cefaclor

Orientation: X Time X Place X Person X Mood X Affect X ROS Checked Today

Habitual Rx OD: -3.75-0.50x080 Mono PD K's OD: @ / @
 Habitual Rx OS: -4.75 OD: K's OS: @ / @
 OS: Quality of Mires: Cyl OD Cyl OS
 Hab Add: Rxed: Therapy CL Power: CL Rx OD: cly: x Add OD:
 Wear Schedule: CL Rx OS: cly: x Add OS:

DVA Unaided OD: 20/ NVA Unaided OD: 20/ Horizontal Vertical
 DVA Unaided OS: 20/ NVA Unaided OS: 20/ Dist. CT Unaided: Chart:
 DVA Unaided OU: 20/ NVA Unaided OU: 20/ Near CT Unaided: Test Dist:
 CT UA Horiz Results:
 CT UA Vert Results:

DVA Aided OD: 20/ 20- NVA Aided OD: 20/ 20 Horizontal Vertical
 DVA Aided OS: 20/ 20 NVA Aided OS: 20/ 20 Dist CT Aided: orthophoria orthophoria Chart: Snellen
 DVA Aided OU: 20/ 20 NVA Aided OU: 20/ 20 Near CT Aided: exophoria orthophoria Test Dist: 20 Feet (mirrored)

CT Aid Horiz Results: normal horizontal eye alignment at distance and near

CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested
 ___ Missed All

X Cat X Rabbit X Monkey ___ Missed All ___ Not Tested

Stereoacuity: 6/10 Global Stereo: normal Percentage: Suppression: no suppression

Stereo Reindeer: Observations:

Conclusions:

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Coleman-Fire, Bethany TBI VE

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Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

Accom Amp (push up method)			Accom Amp (pull back method)			NPC (accom target)		NPC (pen light/red lens)		
OD	D	cm	OD	D	cm	Trial #1	TTN	cm	Trial #1	cm
OS	D	cm	OS	D	cm	Trial #2	TTN	cm	Trial #2	cm
OU	D	cm	OU	D	cm	Trial #3	TTN	cm	Trial #3	cm

Observations:

Observations: good convergence

Results:

Results: normal

NSUOCO Pursuits

Ability: 5 Completes 2 rotations in each direction

Accuracy: 5 No refixations

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

NSUOCO Saccades

Ability: 5 Completes 5 roundtrips

Accuracy: 5 No over or undershooting noted

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

Nystagmus: no

Type:

Nullpoint:

Direction of slow phase:

Pupils: ERRLA -APD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD:

VF Screening OS:

Amsler Grid OS:

Retinoscopy OD: -3.75-0.50x090

Subjective Refraction OD: -3.50-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS: -4.75

Subjective Refraction OS: -4.50

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex: red, bright

Add:

Dist OU: 20/ 20

Near OU: 20/ 20

Dist Phoria H: orthophoria

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: 2 exo

V: orthophoria

+1.00:

Near BO:

18/14

Near BI: 20/16

Vertical Range Dist OD:

BU /

BD

Vertical Range Near OD:

BU /

BD

Method of Testing Phorias: In Phoropter w/ Risley Prisms

Vertical Range Dist OS:

BU /

BD

Vertical Range Near OS:

BU /

BD

Method of Testing Ranges: In Phoropter w/ Risley Prisms

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results: normal horizontal eye alignment at distance and near

Vert Phoria Results: normal vertical eye alignment at distance and near

Horiz Range Results: normal convergence and divergence ranges at near

Vert Range Results:

Observations:

NRA: +2.50

PRA: -6.00

Results: normal NRA & PRA

Binoc CC: +0.25

Phoria thru CC: 2 exo

VA thru CC: 20/20

Maddox Rod Dist. H:

Maddox Rod Dist. V:

Maddox Rod Near H:

Maddox Rod Near V:

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Coleman-Fire, Bethany [REDACTED] TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 3 of 5

Double Maddox Rod

Conclusions:

W4D D: +2.00:

W4D Results:

W4D I: -2.00:

Observations:

W4D N:

Conclusions:

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
	___ Right	___ Right----->	LIO	
	___ Left	___ Left----->	RIO	
___ Right	___ Left	___ Right----->	RSO	
		___ Left----->	LSR	
	___ Right	___ Right----->	RSR	
	___ Left	___ Left----->	LSO	Conclusions
___ Left	___ Left	___ Right----->	LIR	
		___ Left----->	RIO	

Midline Shift

Lateral Midline: no evidence of a lateral midline shift

Vertical Midline: no evidence of a vertical midline shift

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: DEM: 62 sec (No errors) 5%
 Vergence facility: good transitions, OU
 Visagraph: reading rate 171 (expected 340)
 Fixation 170/ expected 77; Regressions 42/ expected 11
 Grade level efficiency: 3.5 (expected 12.0)

Neglect: none

X See scanned tests

VF Date: 6/18/2015

VF Office: ANV

___ See scanned field

VF Results: no relative defects or scotomas

Comments:

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000060

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 4 of 5

Expansion Prisms

Amount: Results:

Observations:

Tonometry OD: 12

Method: Pulsair

GTTS:

Tonometry OS: 14

Time: 03:15 PM

Comments:

Biomicroscopy Lenses: 90D

Time:

GTTS:

Adnexa/Orbit: Normal

Normal

Anterior Segment

Lids / Lashes: Normal

Normal

Conjunctiva: Clear

Clear

Sclera: White

White

Tear Film: Thick, Clear

Thick, Clear

Cornea: Clear

Clear

Cornea

Angle: Open

Open

Ant Chamber: Deep/Quiet

Deep/Quiet

Iris: Flat, -Neo, Intact

Flat, -Neo, Intact

Lens: Clear

Clear

Vitreous: Clear

Clear

Posterior Segment

C/D Ratio: 0.2

0.2

ONH: Round, Pink, NRRI

Round, Pink, NRRI

Macula: Flat, +FLR

Flat, +FLR

Vessels: Normal

Normal

Periphery: (-) Holes, Tears, Ret Detach

(-) Holes, Tears, Ret Detach

___ Optos Reviewed

Comments

Visuoscopy:

Final Rx OD: -3.75-0.50x085

OD:

Vertical

OD:

Horizontal

Final VA OD: 20

Final NVA OD: 20

Final Rx OS: -4.50

OS:

OS:

Final VA OS: 20

Final NVA OS: 20

Final Rx Add: Dev Lens OD:

Dev Lens OS:

Final VA OU: 20

Final NVA OU: 20

Wear Schedule 1: This prescription is designed to be worn full time.

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

Spec Rx 2 Notes:

Assessment: Motility: normal gross pursuits, orulomotor dysfunction in fine saccades, full range of motion
 Significant decrease in saccadic function noted today in testing, as compared to 1 year ago

Accommodation: normal accommodative power, normal accommodative flexibility

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000061

Coleman-Fire, Bethany [REDACTED] TBI VE [REDACTED]

page 5 of 5 [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

Binocularity: normal binocularity and no ocular misalignment

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal
Automated VF testing: revealed no relative defects or scotomas, OU

Performance Impact: reading comprehension and speed

Impression: Saccadic eye movements are significantly reduced in testing today, which could be contributory to reading difficulties with comprehension and speed. Has been working this morning, which may have some effect on results due to fatigue.

Plan: Recommend saccadic eye movement techniques to OT (Rosanne) at OHSU to help improve reading ability. Those activities should include: Column jumping; multiple Hart chart column jumping; Ann Arbors; Alphabet pencils, etc.
RTC in 2 months to reassess saccadic eye movement function.

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:

TBI Memo:

Coleman-Fire, Bethany [REDACTED] ARRA [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2015

page 1 of 1 [REDACTED]

___ Ignore this record for Meaningful Use

Status - Allergy Agent - Reaction - Severity
 Prior History - Cefaclor -

Notes
 RTC 2 months for PE

___ No known drug allergies

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

___ No current medications

___ Patient Transferred In/Referred To This Provider

___ Medication Reconciliation performed

___ Patient Transferred Out/Referred To Other Provider

___ Summary of care provided for transfer

___ Transferred Out Electronic

___ Received Consultant Rpt

___ Asked for electronic copy

___ Received electronic copy

___ E-Prescribed medication

___ Patient has received clinical summary of this visit

___ Patient was provided education resource

(Crystal PM helped determined which edu resource)

Smoking Status

Never smoker (<100 cigs
 equiv)

Discussed Cessation

No

Preferred Language
 English

Race
 White

Ethnicity
 Not Hispanic or Latino

Height

0 ft 0

Weight

in 0 lbs

BMI

BMI Followup?

No

Blood Pressure

0 / 0

Hypertension?

No

Dilated Macular/Fundus Exam
 No

Counseled for Nutrition
 Yes

Counseled for Activity
 Yes

Is Primary Care Provider? Recvd Flu Immun
 No No

Retinal/Dilated Eye Exam
 No

Retinopathy Severity Level
 None

Macular Edema
 No

Communicated to Diabetes Care Provider:
 Exam Findings Severity of Retinopathy
 No No

Cup to Disc ratio OD

0.00 H 0.00 V

Cup to Disc ratio OS

0.00 H 0.00 V

Optic Nerve Evaluation
 Yes

Optic disc or retinal nerve abnormalities:
 OD No OS No

Linked Images
 0

Diagnosis Code

Description

310.2 Postconcussion Syndrome [Posttraumatic brain syndrome]

Bill ID

OV FP4

CPT

99214

Description

Office Visit FP Level 4

379.57

Deficiencies of Saccadic Eye Movement [Abnormal
 Optokinetic
 Response]

VF Int

92082

VISUAL FIELDS Intermediate

Optos

92250

OPTOS: Digital Imaging

Billing Modifiers

Description

Date - Type - Primary - Status - Problem

MU Measures Outside Of Crystal PM

Medication Orders 0

Lab Orders 0

Radiology Orders 0

Imaging Orders (non-Radiology) 0

Relationship - Disease or Condition
 Empty List -

___ Unknown family history

Type - Plan

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000063

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 07/15/2014
Tabs Filled Out : Prescription [pages:1]
: TBI VE [pages:5]

Coleman-Fire, Bethany [REDACTED] Prescription [REDACTED]

page 1 of [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

Spectacle Rx 1

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-3.75-0.50x085	OD	-3.75	-0.50	085						
-4.75	OS	-4.75								

Near PD

Notes:

Contact Lens Rx 1

X Disposable

X Sphere

	Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD						

OS

Notes:

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

page 1 of 5

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye: OD
 Chief Complaint: headaches today Dominant hand:

HPI's: All day yesterday, severe vertigo came back and very nauseated. Neurologist suggested Epley procedure which helped. Today feels like recovering from flu, but no vertigo.

Age: Can read more, but durations are better, but limit to 30 min. Can successfully do Brock string now.

30 Tried to meditate at PCP's suggestion, but this made her more aware of headaches, so stopped this.

Driving is mildly stressful, but doesn't increase symptoms.

Has been running again. PT said 20 min/d of elevated heart rate and has been doing this and is successful and able to continue rest of day.

Additional Concerns:

Computer use is limited.

On cell phone often

D/c from ST as short term memory is improved.

works with Rosanne every other week.

PT is close to finishing.

HA spikes/fatigue in high altitude (Denver/Idaho)

Current TX:

Visual Priorities:

Medications: Advil-PRN; allergy injections

Med Allergies: NKDA

Orientation: X Time X Place X Person X Mood X Affect X ROS Checked Today

Mono PD

K's OD: @ / @

Habitual Rx OD: -3.75-0.50x080

OD: K's OS: @ / @

Habitual Rx OS: -4.75

OS: Quality of Mires: Cyl OD Cyl OS

Hab Add: Rxed: Therapy CL Power: CL Rx OD: cly: x Add OD:

Wear Schedule: full time CL Rx OS: cly: x Add OS:

DVA Unaided OD: 20/ NVA Unaided OD: 20/ Horizontal Vertical

DVA Unaided OS: 20/ NVA Unaided OS: 20/ Dist. CT Unaided: Chart:

DVA Unaided OU: 20/ NVA Unaided OU: 20/ Near CT Unaided: Test Dist:

CT UA Horiz Results:

CT UA Vert Results:

DVA Aided OD: 20/ 20 NVA Aided OD: 20/ 20 Horizontal Vertical

DVA Aided OS: 20/ 20 NVA Aided OS: 20/ 20 Dist CT Aided: orthophoria orthophoria Chart: Snellen

DVA Aided OU: 20/ 20 NVA Aided OU: 20/ 20 Near CT Aided: exophoria orthophoria Test Dist: 20 Feet (mirrored)

CT Aid Horiz Results: normal horizontal eye alignment at distance and near

CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested

___ Cat ___ Rabbit ___ Monkey ___ Missed All ___ Not Tested

Stereoacuity: 6/10

Global Stereo:

Percentage:

Suppression:

Stereo Reindeer:

Observations:

Conclusions:

Accom Amp (push up method)

Accom Amp (pull back method)

NPC (accom target)

NPC (pen light/red lens)

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STND 18-03985-000066

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

page 2 of 5

OD	D	cm	OD	D	cm	Trial #1	TTN	cm	Trial #1	cm
OS	D	cm	OS	D	cm	Trial #2	TTN	cm	Trial #2	cm
OU 20	D	cm	OU	D	cm	Trial #3	TTN	cm	Trial #3	cm

Observations: no significant observations

Results: normal

Observations: good convergence

Results: normal

NSUOCO Pursuits

Ability: 5 Completes 2 rotations in each direction

Accuracy: 5 No refixations

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

NSUOCO Saccades

Ability: 5 Completes 5 roundtrips

Accuracy: 5 No over or undershooting noted

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

Nystagmus: no

Type:

Nullpoint:

Direction of slow phase:

Pupils: ERRLA -APD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD:

VF Screening OS:

Amsler Grid OS:

Retinoscopy OD: -3.75-0.50x090

Subjective Refraction OD: -3.75-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS: -4.75

Subjective Refraction OS: -4.75

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex: red, bright

Add:

Dist OU: 20/ 20

Near OU: 20/ 20

Dist Phoria H: 2 exo

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: 4 exo

V: orthophoria

+1.00:

Near BO: 18/14

Near BI: 24/18

Vertical Range Dist OD: BU / BD Vertical Range Near OD: BU / BD Method of Testing Phorias: In Phorofter w/ Risley Prisms

Vertical Range Dist OS: BU / BD Vertical Range Near OS: BU / BD Method of Testing Ranges: In Phorofter w/ Risley Prisms

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results: normal horizontal eye alignment at distance, a slight tendency for outward eye alignment at near

Vert Phoria Results: normal vertical eye alignment at distance and near

Horiz Range Results: normal convergence and divergence ranges at near

Vert Range Results:

Observations:

NRA: +2.50

PRA: -4.50

Results: normal NRA & PRA

Binoc CC: +0.75

Phoria thru CC:

VA thru CC 20/20

Maddox Rod Dist. H:

Maddox Rod Dist. V:

Maddox Rod Near H: 6 exo

Maddox Rod Near V: orthophoria

EXHIBIT 1

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STND 18-03985-000067

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

page 3 of 5

Double Maddox Rod

Conclusions: normal

W4D D: 4 w/o luster +2.00: 20

W4D Results: no suppression

W4D I: -2.00: 20

Observations:

W4D N:

Conclusions:

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
___ Right	___ Right	___ Right----->	LIO	Conclusions
	___ Left	___ Left----->	RIO	
	___ Right	___ Right----->	RSO	
	___ Left	___ Left----->	LSR	
___ Left	___ Right	___ Right----->	RSR	
	___ Left	___ Left----->	LSO	
	___ Right	___ Right----->	LIR	
	___ Left	___ Left----->	RIO	

Midline Shift

Lateral Midline:

Vertical Midline:

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: DEM: V: 30+22
 H: 45 no errors (30%)
 Vergence facility: good transitions OU

Neglect:

___ See scanned tests

VF Date:

VF Office:

___ See scanned field

VF Results:

Comments:

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STND 18-03985-000068

Coleman-Fire, Bethany [REDACTED] TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

page 4 of 5 [REDACTED]

Expansion Prisms

Amount: Results:

Observations:

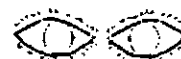
Tonometry OD: Method: GTTS:

Tonometry OS: Time: Comments:

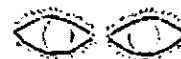
Biomicroscopy Lenses: Time: GTTS:

Adnexa/Orbit:	Normal	Normal
Lids / Lashes:	Normal	Normal
Conjunctiva:	Clear	Clear
Sclera:	White	White
Tear Film:	Thick, Clear	Thick, Clear
Cornea:	Clear	Clear
Angle:	Open	Open
Ant Chamber:	Deep/Quiet	Deep/Quiet
Iris:	Flat, -Neo, Intact	Flat, -Neo, Intact
Lens:	Clear	Clear

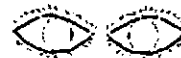
Anterior Segment



Cornea



Posterior Segment



Vitreous:

C/D Ratio:

ONH:

Macula:

Vessels:

Periphery:

___ Optos Reviewed

Comments

Visuoscopy:

		Vertical	Horizontal		
Final Rx OD:	-3.75-0.50x085	OD:	OD:	Final VA OD: 20	Final NVA OD: 20
Final Rx OS:	-4.75	OS:	OS:	Final VA OS: 20	Final NVA OS: 20
Final Rx Add:		Dev Lens OD:	Dev Lens OS:	Final VA OU: 20	Final NVA OU: 20

Wear Schedule 1: No recommended update in Rx today-- no change. should be worn Full time

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

Spec Rx 2 Notes:

Assessment: Motility: normal gross pursuits, mild saccadic dysfunction as indicated on DEM full range of motion

Accommodation: normal accommodative power, normal accommodative flexibility

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STND 18-03985-000069

Coleman-Fire, Bethany [REDACTED] TBI VE [REDACTED]
Electronically signed by: Dr. Detmer Stone, Rosemary 07/15/2014

page 5 of 5 [REDACTED]

Binocularity: normal binocularity and no ocular misalignment

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal

Performance Impact: read, computer use

Impression: All visual skills are within expected ability. Educate Bethany on moderation of visual tasks, i.e. taking breaks every 20-30 min so HA do not increase following concentrated mental tasks.

Plan: Recommend starting back to work in August, PT for one month, then build up to FT within 4-6 weeks.
RTC PRN/Yearly

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:

TBI Memo:

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 06/18/2014
Tabs Filled Out : ROS [pages:1]
: Prescription [pages:1]
: TBI VE [pages:5]

Coleman-Fire, Bethany [REDACTED] ROS

page 1 of 1

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

REVIEW OF SYSTEMS: DO YOU CURRENTLY HAVE ANY OF THESE PROBLEMS?

GENERAL: Fever, weight loss, weight gain, fatigue?	None
EAR, NOSE, THROAT: Allergies, Sinus, Cough, Dry Mouth / Throat	None
CARDIOVASCULAR: High BP, Heart Surgery, Vascular Disease	None
RESPIRATORY: Asthma, Bronchitis, Emphysema, COPD	None
GENITAL, KIDNEY, BLADDER: Kidney Stones, Frequent Urination, impotence	None
MUSCLES, BONES, JOINTS: Arthritis, Joint Pains, Head or Neck Injury	None
SKIN: growths, rashes, acne	None
NEUROLOGICAL: Headaches, migraines, seizures	None
PSYCHIATRIC: Depression, Anxiety, Insomnia	None
ENDOCRINE: Thyroid, Diabetes	None
BLOOD/LYMPH: Anemia, cholesterol, bleeding problems	None
ALLERGIC / IMMUNOLOGIC: Seasonal Allergies, Rheumatoid, AIDS, Allergy Shots, Lupus	None
GASTROINTESTINAL: Diarrhea, Constipation, Ulcer, Reflux	None

Coleman-Fire, Bethany [REDACTED] Prescription [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

page 1 of [REDACTED]

Spectacle Rx 1					Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
		Sphere	Cylinder	Axis						
-3.75-0.50x085	OD	-3.75	-0.50	085						
4.75-0.50x070	OS	4.75	-0.50	070						

Notes:

Contact Lens Rx 1						
X Disposable						
X Sphere						
Manufacturer	Series	Base Curve	Diameter	Sphere	Tint	
OD						
OS						

Notes:

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

page 1 of 5

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye: OD
 Chief Complaint: headaches Dominant hand:

HPI's: Still working with PT, ST, OT. Does Vt activities every other day.
 VT activities will cause increase in fatigue and headaches.
 Age: Today, HA very low level—good day.
 30 Will see all therapists again soon.
 Brock string, saccadic work, NPC, Ann Arbors; n/f hart chart. Is better at exercises but endurance is still not where should be. Feels like
 attention span is poor.
 Additional Concerns:
 Computer use is very limited, but on cell phone fair amount of time.
 Not using tint for reading.

Current TX: therapist for PTSD, PT, OT, ST

Visual Priorities: read, computer use

Medications: None; Advil-PRN; allergy injections

Med Allergies: nkda

Orientation: X Time X Place X Person X Mood X Affect X ROS Checked Today

Habitual Rx OD: -3.75-0.50x080 Mono PD K's OD: @ / @
 OD: K's OS: @ / @
 Habitual Rx OS: -4.75 OS: Quality of Mires: Cyl OD Cyl OS
 Hab Add: Rxed: Therapy CL Power: CL Rx OD: cly: x Add OD:
 Wear Schedule: full time CL Rx OS: cly: x Add OS:

DVA Unaided OD: 20/ NVA Unaided OD: 20/ Horizontal Vertical
 DVA Unaided OS: 20/ NVA Unaided OS: 20/ Dist. CT Unaided: Chart:
 DVA Unaided OU: 20/ NVA Unaided OU: 20/ Near CT Unaided: Test Dist:
 CT UA Horiz Results:
 CT UA Vert Results:

DVA Aided OD: 20/ 20 NVA Aided OD: 20/ 20 Horizontal Vertical
 DVA Aided OS: 20/ 25+ NVA Aided OS: 20/ 20 Dist CT Aided: orthophoria orthophoria Chart: Snellen
 DVA Aided OU: 20/ 20 NVA Aided OU: 20/ 20 Near CT Aided: exophoria orthophoria Test Dist: 20 Feet (mirrored)
 CT Aid Horiz Results: normal horizontal eye alignment at distance and near
 CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested
 ___ Missed All
 X Cat X Rabbit X Monkey ___ Missed All ___ Not Tested

Stereoacuity: 6/10 Global Stereo: normal Percentage: Suppression: no suppression

Stereo Reindeer:

Observations:

Conclusions:

Accom Amp (push up method)

Accom Amp (pull back method)

NPC (accom target)

NPC (pen light/red lens)

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000074

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

page 2 of 5

OD	D	cm	OD	D	cm	Trial #1 2/3	cm	Trial #1	cm
OS	D	cm	OS	D	cm	Trial #2 2/3	cm	Trial #2	cm
OU	D	cm	OU	D	cm	Trial #3 2/3	cm	Trial #3	cm

Observations:

Observations: good convergence

Results:

Results: normal

NSUOCO Pursuits

Ability: 5 Completes 2 rotations in each direction

Accuracy: 5 No refixations

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

NSUOCO Saccades

Ability: 5 Completes 5 roundtrips

Accuracy: 5 No over or undershooting noted

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 20 Results: normal

Observations:

Nystagmus: yes

Type:

Nullpoint:

Direction of slow phase:

Pupils: ERRLA -APD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD: full, no restrictions, simultaneous perception

VF Screening OS: full, no restrictions, simultaneous perception

Amsler Grid OS:

Retinoscopy OD:

Subjective Refraction OD: -3.75-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS:

Subjective Refraction OS: 4.75-0.50x070

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex:

Add:

Dist OU: 20/ 20+

Near OU: 20/ 20

Dist Phoria H: orthophoria

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: 7 exo

V: orthophoria

+1.00:

Near BO: 12/4

Near BI: 20/14

Vertical Range Dist OD:

BU /

BD

Vertical Range Near OD:

BU /

BD

Method of Testing Phorias:

Vertical Range Dist OS:

BU /

BD

Vertical Range Near OS:

BU /

BD

Method of Testing Ranges:

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results:

Vert Phoria Results:

Horiz Range Results:

Vert Range Results:

Observations:

NRA: +2.50

PRA: -4.50

Results: normal NRA & PRA

Binocular

Phoria thru CC: 6 exo

VA thru CC: 20/20

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000075

Coleman-Fire, Bethany TBI VE

page 3 of 5

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

Maddox Rod Dist. H:	Maddox Rod Dist. V:	Maddox Rod Near H: 6 exo	Maddox Rod Near V: orthophoria
Double Maddox Rod		Conclusions:	
W4D D: 4 w/o luster	+2.00: 18	W4D Results:	no suppression
W4D I:	-2.00: 18	Observations:	
W4D N:		Conclusions:	

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
___ Right	___ Right	___ Right----->LIO		
	___ Left	___ Left----->RIO		
	___ Left	___ Right----->RSO		
		___ Left----->LSR		
		___ Right----->RSR		
	___ Right	___ Left----->LSO		Conclusions
___ Left	___ Left	___ Right----->LIR		
		___ Left----->RIO		

Midline Shift

Lateral Midline:

Vertical Midline:

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: DEM: V: 55
H: 51 no errors (20%)
Vergence facility: good transitions, no signs of suppression w/ either eye.

Neglect:

___ See scanned tests

VF Date:

VF Office:

___ See scanned field

VF Results:

Comments:

EXHIBIT 1
PART 1 of 2
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Coleman-Fire, Bethany [REDACTED] TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

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Expansion Prisms

Amount: Results:

Observations:

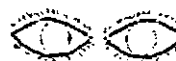
Tonometry OD: Method: GTTS:

Tonometry OS: Time: Comments:

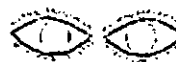
Biomicroscopy Lenses: Time: GTTS:

Adnexa/Orbit:	Normal	Normal
Lids / Lashes:	Normal	Normal
Conjunctiva:	Clear	Clear
Sclera:	White	White
Tear Film:	Thick, Clear	Thick, Clear
Cornea:	Clear	Clear
Angle:	Open	Open
Ant Chamber:	Deep/Quiet	Deep/Quiet
Iris:	Flat, -Neo, Intact	Flat, -Neo, Intact
Lens:	Clear	Clear

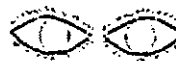
Anterior Segment



Cornea



Posterior Segment



Vitreous:

C/D Ratio:

ONH:

Macula:

Vessels:

Periphery:

___ Optos Reviewed

Comments

Visuoscopy:

		Vertical	Horizontal		
Final Rx OD:	-3.75-0.50x085	OD:	OD:	Final VA OD: 20	Final NVA OD: 20
Final Rx OS:	4.75-0.50x070	OS:	OS:	Final VA OS: 20	Final NVA OS: 20
Final Rx Add:	Dev Lens OD:	Dev Lens OS:		Final VA OU: 20+	Final NVA OU: 20

Wear Schedule 1: No recommended update in Rx today

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

Spec Rx 2 Notes:

Assessment: Motility: Much improved pursuit and saccades, but still low in saccadic function

Accommodation: normal accommodative power, normal accommodative flexibility

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STND 18-03985-000077

Coleman-Fire, Bethany [REDACTED] TBI VE

page 5 of 5 [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 06/18/2014

Binocularity: convergence insufficiency—IMPROVING

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal

Performance Impact: read, computer use

Impression: Improved convergence ability and visual tracking. Still not at expected levels, but improved function by 25% on both

Plan: RTC 3 weeks.
Goal is to get back to work in one month for PT (20hr/wk) for a month and build up to FT again 4 w/in 4 weeks.

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:0

TBI Memo: Send letter to HR with goal of returning to work PT in 1 month.
Upte Rosanne on VT progress and additional saccadic activities

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 05/20/2014
Tabs Filled Out : CC [pages:1]
: Med Hx [pages:1]
: ROS [pages:1]
: Prescription [pages:1]
: TBI VE [pages:5]

Coleman-Fire, Bethany CC

page 1 of 1

Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

CHIEF COMPLAINT

referral for neuro-optometric from Dr. Jim Chesnutt

Location: Severity: Quality: Duration:
 Timing: Context: Modifying: Associated:
 Secondary Complaints: headaches

REVIEW OF OCULAR SYSTEM: Injuries, Infections, Surgeries, Diseases

None

Eye Meds: None

Last Eye Exam: 1 year

Doctor:

FAMILY OCULAR HISTORY

Glaucoma: No Cataracts: Grandparent Macular Degen: Grandparent Retinal Detach: No Crossed / Lazy: No

PREVIOUS VISION CORRECTION

Primary Vision Correction: Glasses-Full Time Back up specs? Planning to get new glasses?
 Type of CLs worn in past: Disposable Wear Time: Cleaner: Disposal: daily

NOTES:

Preferred Language: English
 Race: Caucasian

Coleman-Fire, Bethany [REDACTED] Med Hx
 Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

page 1 of 1 [REDACTED]

PATIENT MEDICAL HISTORY: HAS, Arthritis, Asthma, Diabetes, HBP, Heart, Infl. Bowel Dz, Seizures, Thyroid

medhx2

medhx3

medhx4

medhx5

medhx6

Injuries, Surgeries, Hospitalization

Pregnant Or Nursing:

Recent Tetanus Shot:

Notes:

Primary Care Physician:

Last Visit:

Reason For Visit:

Systemic Meds: None

med2

med3

med4

med5

med6

med7

med8

med9

med10

med11

med12

Drug Allergies: NKDA

BC:

OTC:

Vitamins:

FAMILY MEDICAL HISTORY: Diabetes, HBP, Heart Dz, Cancer, Arthritis, Lupus, Kidney, Thyroid, Other

None

fmh2

fmh3

fmh4

fmh5

fmh6

SOCIAL HISTORY

Occupation: lawyer

Hobbies:

Tobacco: No

Type:

How Long:

Alcohol: No

Type:

None

How Long:

Illegal Drugs: No

Type:

How Long:

STD: None

Prescribed Date - Medication Name - Status
 06/18/2015 - Wellbutrin -
 06/18/2015 - topiramate -

Coleman-Fire, Bethany [REDACTED] ROS

page 1 of 1 [REDACTED]

Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

REVIEW OF SYSTEMS: DO YOU CURRENTLY HAVE ANY OF THESE PROBLEMS?

GENERAL: Fever, weight loss, weight gain, fatigue?	None
EAR, NOSE, THROAT: Allergies, Sinus, Cough, Dry Mouth / Throat	None
CARDIOVASCULAR: High BP, Heart Surgery, Vascular Disease	None
RESPIRATORY: Asthma, Bronchitis, Emphysema, COPD	None
GENITAL, KIDNEY, BLADDER: Kidney Stones, Frequent Urination, impotence	None
MUSCLES, BONES, JOINTS: Arthritis, Joint Pains, Head or Neck Injury	None
SKIN: growths, rashes, acne	None
NEUROLOGICAL: Headaches, migraines, seizures	None
PSYCHIATRIC: Depression, Anxiety, Insomnia	None
ENDOCRINE: Thyroid, Diabetes	None
BLOOD/LYMPH: Anemia, cholesterol, bleeding problems	None
ALLERGIC / IMMUNOLOGIC: Seasonal Allergies, Rheumatoid, AIDS, Allergy Shots, Lupus	None
GASTROINTESTINAL: Diarrhea, Constipation, Ulcer, Reflux	None

Coleman-Fire, Bethany [REDACTED] Prescription [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

page 1 of [REDACTED]

Spectacle Rx 1

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-3.75-0.50x085	OD	-3.75	-0.50	085			+1.00			
4.75-0.50x070	OS	4.75	-0.50	070			+1.00			

Notes:

Contact Lens Rx 1

X Disposable

X Sphere

Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD					

OS

Notes:

Coleman-Fire, Bethany TBI VE

page 1 of 5

Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

Name: Bethany Attended Evaluation: self Date of Injury: 2/19/14 Type of Injury: struck by car Dom Eye: OD
 Chief Complaint: headaches Dominant hand:

HPI's: was not hospitalized, on ER.
 Is a lawyer, so can only work PT. Reading and using computer is the worse thing. Fatigue is biggest issue.
 Age: HA are constant. Low level today, so not taking meds.
 30 Sleep patterns are variable. Can fall asleep and stay asleep all night.
 Had concussion in HS, but fully recovered.
 HA will start where the "road rash" had been from accident.

Additional Concerns:

OT gave tint for reading, and has helped some, but not significant.
 No true diplopia noted.
 Current Rx about 1 yr. Vision does seem to be as clear since accident. Has daily disp CL that will wear occasionally. Rx is preferred over CL do to allergies.
 Is current off work for 2 wks at therapists request for PTSD
 Balance is improving. Had BPPV initially, which has resolved. Residual balance issues, but no dizziness.
 Has not driven since the accident.
 No motion sickness on public transit. In cars, no issues other than PTSD related.
 Works with message therapist for sciatic nerve and upper back as well as left foot, leg. Hit on right side by car, but hit road on left side of body.
 OT has doing convergence activities that are the most uncomfortable.
 Has OS upper lid droop, may have been there before accident, but only slight. Has significantly improved since accident, as was 1/2 closed until about 6 wks after the accident. Finds self still closing OS when trying to read for detail or if tired.

Current TX: therapist for PTSD, PT, OT, ST

Visual Priorities: read, computer use

Medications: None; Advil-PRN; allergy injections

Med Allergies: nkda

Orientation: X Time X Place X Person X Mood X Affect ___ ROS Checked Today

				Mono PD	K's OD:	@	/	@
Habitual Rx OD:	-3.75-0.50x080			OD:	K's OS:	@	/	@
Habitual Rx OS:	-4.75			OS:	Quality of Mires:		Cyl OD	Cyl OS
Hab Add:	Rxed:		Therapy CL Power:	CL Rx OD:	cly:	x	Add OD:	
Wear Schedule:	full time			CL Rx OS:	cly:	x	Add OS:	

DVA Unaided OD: 20/	NVA Unaided OD: 20/		Horizontal	Vertical	
DVA Unaided OS: 20/	NVA Unaided OS: 20/	Dist. CT Unaided:			Chart:
DVA Unaided OU: 20/	NVA Unaided OU: 20/	Near CT Unaided:			Test Dist:
CT UA Horiz Results:					
CT UA Vert Results:					

DVA Aided OD: 20/ 20	NVA Aided OD: 20/ 20		Horizontal	Vertical	
DVA Aided OS: 20/ 20-3	NVA Aided OS: 20/ 20-	Dist CT Aided:	orthophoria	orthophoria	Chart: Snellen
DVA Aided OU: 20/ 20	NVA Aided OU: 20/ 20	Near CT Aided:	exophoria	orthophoria	Test Dist: 20 Feet (mirrored)

CT Aid Horiz Results: normal horizontal eye alignment at distance, a slight tendency for outward eye alignment at near

CT Aid Vert Results: normal vertical eye alignment

Observations:

Stereopsis-Randot

___ Circle ___ Star ___ E ___ Square ___ Triangle ___ Missed All ___ R + L ___ Right Only ___ Left Only ___ R + L Not Tested
 ___ Cat ___ Rabbit ___ Monkey ___ Missed All ___ Not Tested
 ___ Missed All

Stereoaucuity: 6/10 Global Stereo: normal Percentage: Suppression: no suppression

Observations:

Stereo Reindeer:

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Coleman-Fire, Bethany TBI VE
Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

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Conclusions: normal

Accom Amp (push up method)			Accom Amp (pull back method)			NPC (accom target)		NPC (pen light/red lens)		
OD	D	cm	OD	D	cm	Trial #1	6/6	cm	Trial #1	cm
OS	D	cm	OS	D	cm	Trial #2	6/8	cm	Trial #2	cm
OU 12	D	cm	OU	D	cm	Trial #3	6/8	cm	Trial #3	cm

Observations: patient had frequent blinking during task

Observations: became increasingly uncomfortable

Results: mildly below normal

Results: mildly below normal

NSUOCO Pursuits

Ability: 4 Completes 2 rotations in 1 direction but less than 2 in other direction

Accuracy: 4 Refixations 2 times or less

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 18 Results: borderline normal

Observations:

NSUOCO Saccades

Ability: 4 Completes 4 roundtrips

Accuracy: 4 Intermittent slight over or undershooting noted (<50% of the time)

Head Mvmt: 5 No movement of the head

Body Mvmt: 5 No movement of the body

Total: 18 Results: borderline normal

Observations:

Nystagmus: no

Type:

Nullpoint:

Direction of slow phase:

Pupils: OS 0.5 mm> OD

EOMs: full range of motion and no pain with eye movements

Amsler Grid OD:

VF Screening OD: full, no restrictions, simultaneous perception

VF Screening OS: full, no restrictions, simultaneous perception

Amsler Grid OS:

Retinoscopy OD: -3.75-0.50x090

Subjective Refraction OD: -3.75-0.50x085

Dist OD: 20/ 20

Near OD: 20/ 20

Retinoscopy OS: -4.75

Subjective Refraction OS: 4.75-0.50x070

Dist OS: 20/ 20

Near OS: 20/ 20

Reflex:

Add:

Dist OU: 20/ 20+

Near OU: 20/ 20

Dist Phoria H: orthophoria

V: orthophoria

Plano:

Dist. BO:

Dist. BI:

Near Phoria H: 10 exo

V: orthophoria

+1.00:

Near BO: 10/4

Near BI: 24/18

Vertical Range Dist OD:

BU /

BD

Vertical Range Near OD:

BU /

BD

Method of Testing Phorias: In Phoropter w/ Risley Prisms

Vertical Range Dist OS:

BU /

BD

Vertical Range Near OS:

BU /

BD

Method of Testing Ranges: In Phoropter w/ Risley Prisms

Comments on Phorias:

Comments on Ranges:

Horiz Phoria Results: normal horizontal eye alignment at distance, a slight tendency for outward eye alignment at near

Vert Phoria Results: normal vertical eye alignment at distance and near

Horiz Range Results: normal divergence ranges at near, low convergence ranges at near

Vert Range Results:

Observations:

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000085

Coleman-Fire, Bethany TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

page 3 of 5

NRA: +2.50 PRA: -2.00 Results: normal NRA & PRA

Binoc CC: +1.25 Phoria thru CC: 9 exo VA thru CC: 20/20

Maddox Rod Dist. H: Maddox Rod Dist. V: Maddox Rod Near H: 10 exo Maddox Rod Near V: orthophoria
 Double Maddox Rod Conclusions: high exo posture at near
 W4D D: 4 w/o luster +2.00: W4D Results: no suppression
 W4D I: -2.00: Observations:
 W4D N: Conclusions:

Parks Three Step

Hyper Primary Gaze	Hyper in L/R Gaze	Hyper on R/L Head Tilt	Paretic Muscle	Observations
___ Right	___ Right	___ Right----->LIO		OS pupil 0.5 mm larger than OD in bright and dim light
	___ Left	___ Left----->RIO		
	___ Left	___ Right----->RSO		
		___ Left----->LSR		
	___ Right	___ Right----->RSR		Conclusions
___ Left	___ Left	___ Left----->LSO		
		___ Right----->LIR		
		___ Left----->RIO		

Midline Shift

Lateral Midline: no evidence of a lateral midline shift

Vertical Midline: no evidence of a vertical midline shift

Observations:

Notes:

Yoked Prism Evaluation

Test Amt:	Posture/Balance	BR	BL	BD	BU
Final Amt:	Walking	BR	BL	BD	BU
Direction:	Catching	BR	BL	BD	BU
Results:	Subjective	BR	BL	BD	BU
Category:	Objective	BR	BL	BD	BU

Recommendation:

Additional Tests: Vergence facility: alternating suppression on this test.
 DEM: V: 42+37
 H: 75 sec no errors (1%)--reported that it took a lot of effort to do this test

Neglect: none

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PART 1 of 2
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STND 18-03985-000086

Coleman-Fire, Bethany [REDACTED] TBI VE
 Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

page 4 of 5

VF Date: 5/20/14

VF Office: ANV

___ See scanned field

VF Results: no relative defects or scotomas

Comments:

Expansion Prisms

Amount:

Results:

Observations:

Tonometry OD: 13

Method: Pulsair

GTTS:

Tonometry OS: 13

Time: 10:15 AM

Comments:

Biomicroscopy Lenses: 90 D

Time: 10:14 AM

GTTS:

Adnexa/Orbit: Normal

Normal

Anterior Segment

Lids / Lashes: Normal

Imm ptosis

Conjunctiva: Clear

Clear

Sclera: White

White

Tear Film: Thick, Clear

Thick, Clear

Cornea: Clear

Clear

Cornea

Angle: Open

Open

Ant Chamber: Deep/Quiet

Deep/Quiet

Iris: Flat, -Neo, Intact

Flat, -Neo, Intact

Lens: Clear

Clear

Vitreous: Clear

Clear

Posterior Segment

C/D Ratio: 0.2

0.2

ONH: Round, Pink, NRRI

Round, Pink, NRRI

Macula: Flat, +FLR

Flat, +FLR

Vessels: Normal

Normal

Periphery: (-) Holes, Tears, Ret Detach

(-) Holes, Tears, Ret Detach

X Optos Reviewed

Comments No concerns

Visuoscopy:

		Vertical	Horizontal		
Final Rx OD:	-3.75-0.50x085	OD:	OD: 1 BI	Final VA OD: 20	Final NVA OD: 20
Final Rx OS:	4.75-0.50x070	OS:	OS: 1 BI	Final VA OS: 20	Final NVA OS: 20
Final Rx Add:	+1.00	Dev Lens OD:	Dev Lens OS:	Final VA OU: 20+	Final NVA OU: 20

Wear Schedule 1: Hold off on Rx now. If needed, suggest Rx for computer (SV lens) with BI prism

Wear Schedule 2:

Rx Comments:

Spec Rx Notes:

EXHIBIT 1
PART 1 of 2
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STND 18-03985-000087

Coleman-Fire, Bethany [REDACTED] TBI VE [REDACTED]
 Electronically signed by: Dr. Detmer Stone, Rosemary 05/20/2014

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Spec Rx 2 Notes:

Assessment: Motility: normal gross pursuits, oculomotor dysfunction in fine saccades, full range of motion

Accommodation: normal accommodative power, normal accommodative flexibility

Binocularity: convergence insufficiency

Entering VA: normal visual acuity in both eyes at distance and near

RE: myopia, astigmatism

Visual Acuity: normal visual acuity in both eyes at distance and near

OH: Normal
 Automated Visual Field testing revealed no relative defects or scotomas
 VEP: Normal latency values high/low contrast OU

Performance Impact: read, computer use

Impression: CI impacting near visual tasks

Plan: Recommend continued VT activities with OT for CI issue.
 RTC 3-4 weeks for follow up to see if CI resolving or if Rx for near task is needed.
 Recommend taking off a month from work to help improve visual function

Provider: Rosemary Detmer Stone, O.D.

of VT Sessions:

TBI Memo: Report to Rosanne Yee, OT- is scheduled to see her again on 5/28.
 Send letter to HR for

Medical Records For : Coleman-Fire, Bethany
Date Of Birth : [REDACTED]
Electronically signed by : Dr. Detmer Stone, Rosemary 06/18/2015
Tabs Filled Out : CC [pages:1]
: Med Hx [pages:1]
: ROS [pages:1]
: Prescription [pages:1]
: CLS Fit/Progress [pages:1]
: TBI VE [pages:5]
: ARRA [pages:1]

*Physician Consultant Memo***Claim Identification**

Name: Bethany Coleman-Fire

Claim Number: VW3181

Nurse: Julie Hawkins, RN

MTID #: 113051083

Analyst:

Date Submitted: 06/16/2015

Physician: Deborah Syna, M.D.

Date Transcribed: 06/16/2015

Opening Synopsis

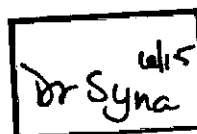
Ms. Coleman-Fire is a 31-year-old attorney who ceased work after being struck by a car as a pedestrian on February 19, 2014. She returned to part-time work August 4, 2014, and continues to work part-time. She reports that she is unable to work full-time due to concussion, depression, anxiety, whiplash, and postconcussion syndrome. Her symptoms continue as headaches, fatigue, neck and back pain, sleeplessness, and anxiety.

Medical records have been obtained and I have been asked to review the medical records and answer questions as posed.

Review of Medical Records

I have reviewed all the medical records in the file. The claimant is a 31-year-old attorney who ceased work after being struck by a car on February 19, 2014, while walking her dog. The accident was witnessed by her husband. She was stabilized by EMS and brought to the emergency room, where she had cervical spine x-rays and a CT scan of the brain, which revealed a left parietal scalp soft tissue injury. No skeletal fractures were found and she was discharged home. She saw her primary care doctor, Dr. Uppal on February 20, 2014, reporting she was in a pedestrian/car motor vehicle accident, that she had hit her head on the windshield and then on the pavement. There was no loss of consciousness. Her CT scan of the brain was normal. She had myalgias, a scalp laceration, a global headache, and vertigo. She felt sore everywhere. On exam she had tenderness over bilateral TMJ joints, blood in the right nostril, a nonfocal neurologic examination. Diagnosis was concussion, vertigo related to motor vehicle accident, cervical sprain, and muscle spasms. She was referred to physical therapy.

She saw Dr. Katherine Ellison on March 3, 2014, recounting a similar history, that she had hit her head on both the windshield and the pavement. She was amnesic for the motor vehicle accident. Dr. Ellison conjectured that there might have been transient loss of consciousness. Her CT scan of the brain was normal. She had scalp contusions, nausea, and vertigo. She had physical therapy with the Epley maneuver and vertigo had resolved. She continued to complain of dizziness, dysequilibrium, mild chronic daily headache, tingling in her head and cheek, cervical sprain, and she reported she had not returned to work. Diagnosis was "closed head



injury with concussion symptoms, difficulty with cognitive processing, and posttraumatic headache." She continued to see physical therapy and on April 9, 2014, noted that the vertigo had been eliminated by the Epley maneuver. She continued to have headache and neck pain. She went to see Dr. Chesnut at OHSU, a concussion specialist, on September 9, 2014, reporting that she had tried to go back to work 2 weeks prior. She felt awful. She had to go home after an hour and a half, feeling nauseated and anxious. The diagnosis was postconcussive headache, cervical sprain, physical therapy continued to be recommended. She returned on December 5, 2014, noting that her headaches had improved. She was sore at the end of her workday. She was fatigued. She was doing aerobic exercise 30 minutes a day. Diagnosis was concussion resolving slowly. She returned on March 13, 2015, continuing to complain of headache and neck pain. She was having massages weekly. She was having some cognitive difficulty. Neuropsychological evaluation was ordered. Diagnosis was concussion, slow to resolve.

She also saw Dr. Uppal on September 16, 2014, noting that she was now seeing Dr. Chesnut, receiving massage and craniosacral therapy. She was depressed. She was having crying spells. Her weight was increasing. She was exercising daily. Diagnosis was adjustment reaction with anxious and depressed mood, headache, muscle spasms, weight gain, and postconcussion. She returned on October 15, 2014, noting that her mood had improved. She was able to work longer. She was exercising regularly. She was continuing to have some crying spells. She was on Wellbutrin. Diagnosis was adjustment reaction and depression. She returned on December 12, 2014, noting she was stable. She reported being closer to baseline. She was not seeing a psychologist. She has been back at work. On March 2, 2015, she reported she continued to work three-quarter time. Counseling has been helpful. She was fatigued at work, exercising daily. Neuropsych testing has been scheduled and is pending.

Summary of Pertinent Information

In summary, the claimant is a 31-year-old attorney who was hit by a car while she was walking her dog. She struck her head on 2 occasions, on the windshield and on the pavement with possible transient loss of consciousness and persistent headache and dysequilibrium for approximately 10 months after the concussion, with an associated anxious depression. She has seen 2 neurologists, Dr. Ellison and Dr. Chesnut, and neuropsychological evaluation has been ordered as she has failed to return to full-time work due to cognitive complaints.

Response to Questions

1. Do the records support that the claimant has had limitations and restrictions for any period of time from February 19, 2014, and continuing? If yes, please specify what her impairing condition was, limitations and restrictions for each condition, and during what period of time.

According to the claimant's report, and documentation from Dr. Uppal and Dr. Chesnut, the claimant felt stable and becoming closer back to baseline by December 2014. She continued to complain of slowed cognitive processing and neuropsychological evaluation has been ordered. Nevertheless, she was able to continue at three-quarter time work as an attorney. In this reviewer's opinion, the claimant had reached medical stability by December 2014, although 2 of her examiners opined that there was a problem with cognitive processing. Nevertheless, she was able to work successfully three-quarter time. Neuropsychological testing has been ordered. It would be my recommendation that copies of that testing be obtained to determine if cognitive

limitations and restrictions persist. Documentation indicates that the claimant became significantly depressed and anxious in September 2014 and that depression and anxiety may be a barrier to return to fulltime work.

2. Is there any record that the claimant consulted a physician or other licensed medical professional, received medical treatment, underwent diagnostic procedures or took prescribed drugs or medications during the period March 3, 2013, through May 31, 2013, for any condition?

The claimant was seen by Dr. Uppal in the Portland Clinic on April 16, 2012, for an upper respiratory infection. ScripCheck is reviewed and there is no documentation that medications were either prescribed or taken between the above dates.

3. If yes, please identify conditions and dates.

Please see my discussion above. Documentation is not provided that indicates the claimant was seen or treated during the above specified dates.

I, Deborah Syna, M.D., am a physician duly licensed to practice medicine in the State of Oregon. I am not an employee of Standard. I am an independent contractor and I am paid an hourly rate to review disability and life claim files and render medical opinions regarding the records contained therein. I am not responsible for deciding whether a claimant is entitled to insurance benefits. My role is to provide objective medical opinions to Standard's Benefits personnel.

I do not receive any additional compensation in the form of bonuses or incentive pay of any kind. My compensation does not depend upon the outcome of my reviews, the substance of my medical opinions, or any factor other than the number of hours it takes to review a file and to provide an analysis.

Standard has never expressed to me any requirements or expectations regarding the ultimate conclusions or opinions I provide other than that I provide a well reasoned, professional opinion based on thorough review of all relevant and available information. I do not believe that either my compensation or my continued professional relationship with Standard is contingent in any way on the ultimate conclusions or opinions that I provide.

Electronically Approved by:

Date: 6/17/2015

Deborah Syna, M.D.

DS:mc

D: 06/16/2015

T: 06/16/2015

A: 06/17/2015

Deborah R. Syna M.D.

EDUCATION

9/84 – 5/88 University of Texas Medical Branch, Galveston, TX (M.D.)

9/79 – 5/81 University of Texas at Austin (B.A.)

9/77 – 5/79 University of Delaware, Newark, Delaware,

MEDICAL TRAINING

6/88 – 6/89 Transitional Internship in Internal Medicine
Chester-Crozer Medical Center; Chester, Pennsylvania.

7/89 – 6/92 Neurology Residency
Hahnemann University Hospital; Philadelphia,
Pennsylvania

7/91 – 6/92 Clinical Instructor and Chief Resident in Neurology
Hahnemann University Hospital; Philadelphia, Pennsylvania

7/92 – 6/94 Clinical Neurophysiology Fellowship
Oregon Health Sciences University; Portland,

BOARD CERTIFICATIONS

1994 -Present American Board of Psychiatry and Neurology

1996-2006 Added Qualifications in Clinical Neurophysiology

1998-2019 American Board of Electrodiagnostic Medicine

PROFESSIONAL ACTIVITY

8/94-Present Medical Director/President Northwest Neurological Specialists P.C.

2003, 2004 American Board of Electrodiagnostic Medicine- Oral Examiner

2004 Member Health Resource's Commission subcommittee on Tryptans

2007-2008 Medical Director Providence Program for Parkinson's Disease, Providence
Brain Institute, St. Vincent Medical Center, Portland, OR

CV

2012-Present Ambassador American Brain Foundation.

HOSPITAL AFFILIATIONS

1994-Present	Providence St. Vincent's Medical Center- Courtesy Staff
1993-2008	Portland Veterans Administration Hospital
2002-Present	Tuality Hospital- Courtesy Staff

ACADEMIC POSITIONS

7/91 – 6/92	Clinical Instructor in Neurology Hahnemann University Hospital; Philadelphia, Pennsylvania
7/93 – 6/94	Clinical Instructor in Neurophysiology Oregon Health Sciences University; Portland,
7/94 -2010	Clinical Assistant Professor Oregon Health Sciences University; Portland,
2010-Present	Adjunct Clinical Associate Professor, OHSU

PUBLICATIONS AND PAPERS

Marks M.E.; Ziober B.; Brattain D.E.; Syna D.R. "Effects of N, N-Dimethylformamide on plasma membrane proteins from human colonic carcinoma cells grown in vitro." Abstract presented at the AACR annual meeting May 1983, San Diego, CA.

Shah N.K.; Singer M.C.; Syna D.R. "Occurrence of homosexual mating pairs in a checkerspot butterfly." J Res Lepid, 24 (4) 1985 – 86, 393

Deborah R. Syna; Joseph Hulihan; "Spindle activity in Hypoxic stupor and coma." Abstract presented at the AEEGS Annual meeting September 1992, San Francisco. Proceedings AEEGS Annual Meeting 1992.

David P. Roeltgen; Deborah R. Syna "Neurologic complications of Atrial Myxoma and other cardiac tumors." In: Vinker P.J., Bruyn G.W., Klawans H.L., Goetz eds. Handbook of Clinical Neurology Systemic disease, vol 63. Amsterdam: Elsevier, 1993.

Joseph F. Hulihan; Deborah R. Syna; "Electroencephalographic sleep patterns in Stupor and Coma following Cardiopulmonary Arrest." Neurology. 44(4):758-60, 1994 Apr..

Deborah Syna; Stephen Hiroshige; Todd Woods; Barry Oken; William Perkins; Margie Johnson; "The effects of Nitrous Oxide on Transcranial Magnetic Evoked Potentials in human subjects." Abstract presented at the AEEGS Annual meeting, New Orleans, 1993.

Deborah Syna; Stephen Hiroshige; Todd Woods; Barry Oken; William Perkins; Margie Johnson; "The effects of Nitrous Oxide on Transcranial Magnetic Evoked Potentials and Somatosensory Evoked Potentials in human subjects." EEG and Clinical Neurophysiology 1994:91.

PRESENTATIONS

"Steroid Responsive Cerebral Angitis A case Report" Neuroimmunology Conference, Portland, OR, April 2004

"A case of Axial Rigidity" Pacific Northwest Basal Ganglia Club, Portland, OR, February 2008

"Movement Disorders: A Focus on Parkinson's disease" Oregon Nurse Practitioner Association Annual Educational Conference, Hood River, OR, October 2008

"Movement Disorders Associated with The Klippel-Feil Anomaly: A case report and review of The Literature" Pacific Northwest Basal Ganglia Club, Vancouver, BC, March 2009

"Chemodenervation" Oregon Nurse Practitioner Association Annual Educational Conference, Eugene OR, October 2009

"A Case of Hereditary Spastic Paraparesis and Autonomic Neuropathy" Pacific Northwest Basal Ganglia Club, Seattle, WA, April 2012

CLINICAL TRIALS

The use of Polysomnography to Assess Botulinum Toxin Type A Treatment of Nocturnal Bruxism with Associated Craniofacial Pain. 10/2009-Currently in Trial

GRANTS

IPA Grant for the Development of a Multidisciplinary Parkinson's Disease Assessment Clinic.

Unrestricted research grant for the Study "The use of Polysomnography to Assess Botulinum Toxin Type A Treatment of Nocturnal Bruxism with Associated Craniofacial Pain".

PROFESSIONAL MEMBERSHIPS

American Academy of Neurology
American Clinical Neurophysiology Society
American Association of Neuromuscular and Electrodiagnostic
Medicine

- Fellow
- Marketing and public relations committee
- Membership Task Force

Movement Disorder Society
American Medical Association
Oregon Medical Association

- Medical-Legal Committee
Multnomah County Medical Association 1995
- Delegate to the Oregon Medical Association's
- House of Delegates

LICENSURE

Pennsylvania: MD – 0453533 – L Inactive
Oregon: MD – 17926

Benefits Department

Medical Referral

SIC

CLAIM IDENTIFICATION

Referral Date: 5/18/15	Referring Nurse or SBA: Julie Hawkins x-7650
Claimant Name: Bethany Coleman - Fire	Assigned Analyst/Extension: Necole Suzuki/3198
Claim Number: 00VW3181	Physician Specialty: Neurology
Claim Status (Check all that apply): <input type="checkbox"/> Active <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Any Occ	Due Date: 5/31/15
ASO/ATP component to this or any associated claim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please do not collect or discuss genetic information as part of your evaluation. Genetic information includes information related to genetic testing or services of the claimant and the claimant's family members, and the claimant's family medical history.	

RECEIVED

MAY 19 2015

Employee Benefits - DMR

OPENING SYNOPSIS

Ms. Coleman-Fire is a 31 year old attorney who ceased work after being struck by a car on February 19, 2014. She returned to part time work August 4, 2014, and continues to work part time.

She indicated on her initial claim form that she is unable to work due to concussion, depression, anxiety, whiplash and post concussion syndrome. She describes her symptoms as headaches, fatigue, neck and back pain, sleeplessness and anxiety.

An Attending Physician's Statement completed on December 31, 2014 by Dr. Uppal, internal medicine, reflects the following diagnoses: concussion, MVA, vertigo, soft tissue injury, anxiety, depression, and adjustment reaction. Symptoms are described as memory and attention deficits, fatigue, and musculoskeletal complaints. Dr. Uppal indicated that Ms. Coleman-Fire can work with accommodations, and up to 75% of a full workload.

Medical records have been obtained from Dr. Uppal, internal medicine; Dr. Chestnut, sports medicine; Dr. Brown, neurologist; Dr. Ellison, neurologist; and Legacy Emanuel Hospital.

VOCATIONAL INFORMATION

DOT strength demand of own occ or own job, if applicable, and as determined by VCM

Description of the specific physical or mental demands required of the occupation (Note: If the claimant's symptoms involved the upper extremities, please note hand dominance, in known):

QUESTIONS

1. Do the records support that the claimant has had limitations and restrictions for any period(s) of time from February 19, 2014 and continuing? If yes, please specify what her impairing condition(s) was, limitations and restrictions for each condition, and during what period(s) of time.

2. Is there any record that the claimant consulted a physician or other licensed medical professional, received medical treatment, underwent diagnostic procedures or took prescribed drugs or medications during the period March 3, 2013 through May 31, 2013, for any condition?

3. If yes:

a. Please specify conditions and dates.

b. Did any of these conditions cause or contribute to her current condition(s) (whether diagnosed or misdiagnosed)? If so, please identify the medical conditions, medications used and applicable dates of treatment.

4. What is her prognosis?

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(7/12)

SI 12374

STND 18-03985-000097

Case Notes**BETHANY COLEMAN-FIR****Claim 00VW3181**

Analyst	CCCNSUZU	Product	LTD
Case Manager	Julie Hawkins, 5	Status	Pending
Group Number	10010415		
Contract Id:	445474		

May 19, 2015**Physician Referral**

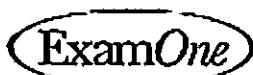
Julie Hawkins, 5

This is a 31 yr old Attorney who ceased work 2-19-15 after being struck by a car (as a pedestrian). Diagnoses listed on the APS from the claimant's Internist include MVA, concussion, vertigo, soft tissue injury, anxiety and depression. There are records from several physicians in the file. I will send the file for review with Neurology in order to address the Analyst's questions regarding limitations, restrictions and if the claimant was seen or treated during a time period prior to the cease work date. JH

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EXHIBIT 1
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STND 18-03985-000098



A Quest Diagnostics Subsidiary

ScriptCheck™ Individual Combined Report

Account Code KFHS Reference ID Policy Number Response Status Hit
 Report Includes [Prescription Summary](#) [Prescription Detail](#) [Prescriber Detail](#) [Pharmacy Detail](#) [Drug Indications](#)

Demographics / Eligibility

Name Bethany Coleman-Fire SSN [REDACTED]
 Alias Alternate SSN [REDACTED]
 Gender F ZIP Code 97211
 Age 31
 Eligibility 2011-11-21 to 2013-06-19

Prescription Summary

Rx Count	Drug Label	HIC Therapeutic Class	HIC Score	Last Fill Date
1	AMOX TR-K CLV 875-125 MG TAB	PENICILLINS	W1A *	2013-01-18
1	PREDNISONE 5 MG TABLET	GLUCOCORTICOIDS	P5A *	2012-04-06
1	FLUTICASONE PROP 50 MCG SPRAY	NASAL ANTI-INFLAMMATORY STEROIDS	Q7P *	2012-04-06
1	LACTULOSE 10 GM/15 ML SOLUTION	LAXATIVES AND CATHARTICS	D6S *	2012-01-31

* - Score values are displayed only when this option is selected at time of account set up

** - No HIC equivalent code exists

[Back To Top](#)**Prescription Detail****Drug Label #1** AMOX TR-K CLV 875-125 MG TAB

Rx #	Qty	Days Supply	Date Filled	Refill #	Total Refills	Prescriber	Pharmacy
6108576	20	10	2013-01-18	0	0	Jesse F Coil	BOZEMAN DEACONESS PHARMACY

Drug Label #2 FLUTICASONE PROP 50 MCG SPRAY

Rx #	Qty	Days Supply	Date Filled	Refill #	Total Refills	Prescriber	Pharmacy
6143199	16	30	2012-04-06	0	0	Richa Uppal	FRED MEYER PHARMACY

Drug Label #3 LACTULOSE 10 GM/15 ML SOLUTION

Rx #	Qty	Days Supply	Date Filled	Refill #	Total Refills	Prescriber	Pharmacy
6126731	240	8	2012-01-31	0	0	Richa Uppal	FRED MEYER PHARMACY

Drug Label #4 PREDNISONE 5 MG TABLET

Rx #	Qty	Days Supply	Date Filled	Refill #	Total Refills	Prescriber	Pharmacy
6143205	7	3	2012-04-06	0	0	Richa Uppal	FRED MEYER PHARMACY

[Back To Top](#)**Prescriber Detail**

Prescriber ID	Name	Address	City	State	ZIP Code	Phone Number	Specialty
1770789323	Jesse F Coil	915 Highland Blvd	Bozeman	MT	59715	4065751036	• Emergency Medicine
1003071846	Richa Uppal	800 SW 13th Ave	Portland	OR	97205	5032210161	• Internal Medicine

[Back To Top](#)**Pharmacy Detail**

Pharmacy ID	Name	Address	City	State	ZIP Code	Phone Number
2782630	BOZEMAN DEACONESS	36 CENTER LANE STE	BIG SKY	MT	59716	4069939390

**EXHIBIT 1
PART 1 of 2****Page 99 of 1248**

2/13/2015

Script
check

PHARMACY 2
 3803586 FRED MEYER PHARMACY 7555 SW BARBER PORTLAND OR 97219 5034523033
 BLVD

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Drug Indications

Drug Label	Drug Code	Dose Form	Str.	Route Desc.	HIC Therapeutic Class
AMOX TR-K CLV 875-125 MG TAB	16714029701	TABLET	875-125 MG	ORAL	PENICILLINS

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Side Effects

Abnormal Hepatic Function Tests
 Acute Abdominal Pain
 Agranulocytosis
 Allergic Reactions
 Anaphylaxis
 Anemia
 Angioedema
 Anxiety
 Back Pain
 Blood Coagulation Disorder
 Chills
 Cholestasis
 Cholestatic Hepatitis
 Clostridium Difficile Colitis
 Constipation
 Crystalluria
 Dental Discoloration
 Diarrhea
 Disease of Liver
 Dizziness
 Dysgeusia
 Dyspepsia
 Dyspnea
 Edema
 Eosinophilia
 Erythema Multiforme
 Exfoliative Dermatitis
 Feeling Agitated
 Fever
 Flatulence
 Gastrointestinal Irritation
 Glossitis
 Headache Disorder
 Hematuria
 Hemolytic Anemia
 Hemorrhagic Cystitis
 Hepatitis
 Hypersensitivity Angiitis
 Hypersensitivity Drug Reactions
 Hypotension
 Impaired Cognition
 Injection Site Sequelae
 Insomnia

Disease Descriptions

Acute Bacterial Sinusitis
 Acute Haemophilus Influenzae Bacterial Sinusitis
 Acute Moraxella Catarrhalis Bacterial Sinusitis
 Acute Otitis Media
 Bacterial Pneumonia
 Bacterial Urinary Tract Infection
 Biliary Tract Infection
 Cat Bite Wound
 Chancroid
 Chronic Bronchitis with Bacterial Exacerbation
 Diabetic Foot Infection
 Diverticulitis of Gastrointestinal Tract
 Dog Bite Wound
 E. Coli Urinary Tract Infection
 Enterobacter Cloacae Urinary Tract Infection
 Haemophilus Influenzae Acute Otitis Media
 Haemophilus Influenzae Pneumonia
 Human Bite Wound
 Klebsiella Urinary Tract Infection
 Lower Respiratory Infections
 Moraxella Catarrhalis Acute Otitis Media
 Moraxella Catarrhalis Pneumonia
 Pediatric Fever without a Source
 Presumed Infection in Febrile Neutropenic Patient
 Skin and Skin Structure E. Coli Infection
 Skin and Skin Structure Infection
 Skin and Skin Structure Klebsiella Infection
 Staphylococcus Aureus Skin and Skin Structure Infection

EXHIBIT 1

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2/13/2015

Interstitial Nephritis
 Leukopenia
 Loose Stools
 Mucocutaneous Candidiasis
 Myalgia
 Nausea
 Neutropenic Disorder
 Obstructive Hyperbilirubinemia
 Oral Candidiasis
 Phlebitis
 Pruritus of Skin
 Qualitative Platelet Disorder
 Renal Disease
 Seizure Disorder
 Serum Sickness
 Skin Rash
 Stevens-Johnson Syndrome
 Stomatitis
 Thrombocytopenic Disorder
 Thrombocytosis
 Thrombophlebitis
 Toxic Epidermal Necrolysis
 Tremors
 Urticaria
 Vomiting
 Vulvovaginal Candidiasis

Drug Label	Drug Code	Dose Form	Str.	Route Desc.	HIC Therapeutic Class
FLUTICASONE PROP 50 MCG SPRAY	50383070016	SPRAY, SUSPENSION	50 MCG	NASAL	NASAL ANTI-INFLAMMATORY STEROIDS

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Side Effects

Abdominal Pain with Cramps
 Allergic Reactions
 Anaphylaxis
 Angioedema
 Blurred Vision
 Bronchitis
 Cataracts
 Conjunctivitis
 Contact Dermatitis
 Cough
 Diarrhea
 Disorder of Mucous Membrane
 Dizziness
 Dry Eye
 Dry Nose
 Dysgeusia
 Epistaxis
 Fever
 Flu-Like Symptoms
 Glaucoma
 Headache Disorder

Disease Descriptions

Allergic Rhinitis
 Chronic Non-Allergic Rhinitis

Impaired Wound Healing
 Nasal Candidiasis
 Nasal Congestion
 Nasal Crusting
 Nasal Lesions
 Nasal Pain
 Nasal Passage Irritation
 Nasal Septal Perforation
 Nausea
 Pharyngeal Candidiasis
 Pharyngitis
 Rhinorrhea
 Sinusitis
 Skin Rash
 Sneezing
 Sore Throat
 Urticaria
 Vomiting
 Wheezing
 Xerostomia

Drug Label	Drug Code	Dose Form	Str.	Route Desc.	HIC Therapeutic Class
LACTULOSE 10 GM/15 ML SOLUTION	00603137858	SOLUTION, ORAL	10 G/15 ML	ORAL	LAXATIVES AND CATHARTICS

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Side Effects

Abdominal Pain with Cramps
 Diarrhea
 Flatulence
 Polydipsia

Disease Descriptions

Constipation
 Hepatic Encephalopathy
 Hyperammonemia

Drug Label	Drug Code	Dose Form	Str.	Route Desc.	HIC Therapeutic Class
PREDNISONE 5 MG TABLET	00143147510	TABLET	5 MG	ORAL	GLUCOCORTICOIDS

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Side Effects

Abdominal Swelling
 Abnormal Hepatic Function Tests
 Acne Vulgaris
 Acute Pancreatitis
 Allergic Dermatitis
 Allergic Reactions
 Amenorrhea
 Anaphylaxis
 Anemia
 Arthralgia
 Benign Intracranial Hypertension
 Blurred Vision
 Body Fluid Retention
 Bradycardia
 Cardiac Arrest
 Cataracts
 Cholesterol Embolism
 Chronic Heart Failure
 Conduction Disorder of the Heart

Disease Descriptions

Acquired Thrombocytopenia
 Acute Lymphoid Leukemia
 Adrenal Cortical Insufficiency
 Adrenogenital Disorder
 Allergic Bronchopulmonary Aspergillosis
 Allergic Rhinitis
 Ankylosing Spondylitis
 Aspiration Pneumonitis
 Asthma Exacerbation
 Atopic Dermatitis
 Autoimmune Hemolytic Anemia
 Bells Palsy
 Berylliosis
 Bronchial Asthma
 Carditis
 Celiac Disease
 Cerebral Edema
 Chronic Lymphoid Leukemia
 Cluster Headache Prevention

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2/13/2015

Delirium	Congenital Adrenal Hyperplasia
Depression	Congenital Hypoplastic Anemia
Diabetes Mellitus	Contact Dermatitis
Dizziness	Crohns Disease
Dry Skin	Cutaneous T-Cell Lymphoma
Dyspnea	Dermatitis Herpetiformis
Ecchymosis	Diffuse Large B-Cell Lymphoma
Edema	Diffuse Proliferative Lupus Nephritis
Erythema	Eosinophilic Pneumonia
Esophageal Ulcer	Epicondylitis
Euphoria	Erythema Multiforme
Excitement	Erythroblastic Anemia
Facial Edema	Exfoliative Dermatitis
Fainting	Follicular B-Cell Non-Hodgkins Lymphoma
False Sense of Well-Being	Giant Cell Arteritis
Fractures	Gouty Arthritis
Gastric Hypersecretory Conditions	Hodgkins Lymphoma
Gastrointestinal Hemorrhage	Hypercalcemia associated with Neoplasm
Gastrointestinal Perforation	Hypercalcemia associated with Sarcoidosis
Glaucoma	Hypersensitivity Drug Reactions
Glycosuria	Hypersensitivity Pneumonitis
Hallucinations	Idiopathic Thrombocytopenic Purpura
Headache Disorder	Infantile Spasms
Hepatomegaly	Inflammatory Bowel Disease
Hiccups	Juvenile Rheumatoid Arthritis
Hirsutism	Loeffler Syndrome
Hypercortisolism	Metastatic Prostate Carcinoma
Hyperglycemia	Multiple Myeloma
Hyperhidrosis	Multiple Sclerosis
Hypertension	Myasthenia Gravis
Hyperthyroidism	Mycosis Fungoides
Hypocalcemia	Nasal Polyp
Hypothalamic-Pituitary Insufficiency	Nephrotic Syndrome
Hypothyroidism	Neuroendocrine Prostate Carcinoma
Impaired Cognition	Non-Hodgkins Lymphoma
Impaired Wound Healing	Obstructive Bronchiolitis
Increased Appetite	Obstructive Pulmonary Disease
Infection	Ophthalmia Sympathetic
Insomnia	Organ Transplant Rejection
Irregular Menstrual Periods	Pemphigoid
Kaposi Sarcoma	Pemphigus
Lipodystrophy	Pericarditis
Lupus-Like Syndrome	Pneumocystis Jiroveci Pneumonia
Malaise	Polyarteritis Nodosa
Memory Impairment	Polymyalgia Rheumatica
Menstrual Disorder	Prevention of Cardiac Transplant Rejection
Mood Changes	Prevention of Lung Transplant Rejection
Muscle Weakness	Prevention of Transplant Rejection
Myopathy	Primary Adrenocortical Insufficiency
Nausea	Pseudogout
Nervousness	Psoriasis
Neuropathy	Psoriatic Arthritis
Neutropenic Disorder	Pulmonary Fibrosis

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Ocular Hypertension	Pulmonary Tuberculosis
Osteoporosis	Pure Red Cell Aplasia associated with CLL
Papilledema	Relapsing Polychondritis
Paranoid Disorder	Rheumatic Carditis
Paresthesia	Rheumatic Fever
Peptic Ulcer	Rheumatoid Arthritis
Personality Disorders	Sarcoidosis
Petechiae	Serum Sickness
Psychiatric Disturbance	Sjogrens Syndrome
Pulmonary Edema	Systemic Dermatomyositis
Purpura	Systemic Lupus Erythematosus
Seizure Disorder	Thyroiditis
Skin Atrophy	Trichinosis
Skin Rash	Tuberculosis Meningitis Treatment Adjunct
Skin Scaling	Ulcerative Colitis
Skin Striae	Uveitis
Tachyarrhythmia	Vasculitis
Telangiectasia	
Tendon Rupture	
Thromboembolic Disorder	
Thrombophlebitis	
Urticaria	
Vasculitis	
Vertigo	
Weight Gain	

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ScriptCheck™, Powered by Ingenix MedPoint

Medical Record Request Complete

release  POINT wfi

Customer Information

Report Date: May 12, 2015 RPID: 2185398

Client Name: Standard Group Benefits CLAIMS

Req. By: KM:Necole

Patient Information

Name: COLEMAN-FIRE, BETHANY

D.O.B.: [REDACTED] Policy/Cert: 00VW3181 KM:Necole

Special Requirements:

- Seen By: Dr. Jim Chestnut Request faxed on 3/4. Need update please.

Provider Information

Provider: OREGON HEALTH SCIENCES UNIVERSITY
 3181 SW SAM JACKSON PK RD
 ATTN: MEDICAL RECORDS/CORRESPONDEN
 PORTLAND, OR 97239

Phone: (503) 494-6594 Fax: (503) 494-6970

Electronic Order Data (If Applicable)

Patient Name: COLEMAN-FIRE, BETHANY
 Patient DOB: [REDACTED]
 Patient SSN: [REDACTED]
 Policy Number: 00VW3181 KM:Necole

Provider Data: Dr. Jim Chestnut
 3303 SW Bond Ave

 Portland, OR 97239
 503-494-6400

RECEIVED
 MAY 13 2015
 EMPLOYEE BENEFITS

Chestnut
 9/14-3/15

EXHIBIT 1
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3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 03/03/15

Progress Notes by James Chesnutt, MD at 3/3/2015 3:17 PM

Author: James Chesnutt, MD Service: (none) Author Type: Physician
Filed: 3/15/2015 5:46 PM Note Time: 3/3/2015 3:17 PM Note Type: Progress Notes
Status: Signed Editor: James Chesnutt, MD (Physician)

OHSU Sports Medicine Clinic 3/3/2015

Bethany Lynne Coleman-Fire is a 31 y.o. female PCP: Richa Uppal, MD

Chief Complaint

Patient presents with

- Concussion

DOI 2/19/2014

Bethany Lynne Coleman-Fire is a 30 y.o. female who suffered a head injury on 2/19/2014.

Event Description: Walking dog, hit by car - flew 20 feet

Initial Symptoms: neck pain, HA, vertigo, dizziness

Loss of Consciousness: no

Management @ Event: EMT c-spine immobilization - taken to Emanuel Hospital - C-spine cleared

ED or MD visit: yes: see PCP

Imaging performed: yes: see below

CONCUSSION MANAGEMENT PLAN

Injury Information:

No flowsheet data found.

Concussion treatment team:

	Name:	Start of care:
Physician:		
PT:		
OT:		
SLP-Cognitive:		
Neuro-opt:		
Pain:		
Neurology:		
Neuropsych:		
Athletic trainer:		

Additional facts:

No data filed

Sports Concussion Assessment Tool (SCAT) Score:

TOTAL SYMPTOM SCORE: 51

Recovery goals:

Printed on 4/16/2015 5:52 PM

EXHIBIT 1
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3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 03/03/15

Progress Notes by James Chesnutt, MD at 3/3/2015 3:17 PM (continued)

Goal Progress Summary (0-100%; 100% = full recovery, rate top 3 priorities)

	Top 3	3/3/2015	Comments/Details
Headache			Related to neck Or fatigue
Neck Pain			Massage therapy improved once a week
Dizziness/balance			0
Vision			working with Rosanne
Fatigue			
Sleep			A problem and thinks related to medication
Psych/Mental Health			
Cognitive			difficult detail and efficiency feels like 75% and cant get better- neuropsych eval
School/work			75%
Exercise tolerance			Walking and exercising multiple times

ASSESSMENT:

concussion Slow to resolve

continue current care as discussed

Call or return to clinic if these symptoms worsen or fail to improve as anticipated.

I spent 25 min greater than 50% counselling regarding the current state of the patient's injury and options for further evaluation and treatment.

James C. Chesnutt, M.D.
Sports Medicine
Specializing in Pediatric and Adult Patients
OHSU Sports Medicine Program
OHSU Orthopaedics & Rehabilitation and Family Medicine
Center for Health and Healing, 12th Floor
3303 S W Bond Ave
Portland, OR 97239-3011
503-494-4000





3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 03/03/15

Progress Notes by James Chesnutt, MD at 3/3/2015 3:17 PM (continued)

Please visit www.ohsusportsmedicine.com for information about healthy active lifestyles and sports injury diagnosis, treatment and prevention.

Progress Notes by James Chesnutt, MD at 12/5/2014 10:24 AM

Author: James Chesnutt, MD

Service: (none)

Author Type: Physician

Filed: 12/18/2014 11:19 PM

Note Time: 12/5/2014 10:24 AM

Note Type: Progress Notes

Status: Signed

Editor: James Chesnutt, MD (Physician)

OHSU Sports Medicine Clinic 12/5/2014

Bethany Lynne Coleman-Fire is a 31 y.o. female PCP: Richa Uppal, MD

Chief Complaint

Patient presents with

- Follow-up visit

CONCUSSION MANAGEMENT PLAN

Injury information:

No flowsheet data found.

Concussion treatment team:

	Name:	Start of care:
Physician:		
PT:		
OT:		
SLP-Cognitive:		
Neuro-opt:		
Pain:		
Neurology:		
Neuropsych:		
Athletic trainer:		

Additional facts:

No data filed

Sports Concussion Assessment Tool (SCAT) Score:

SCAT

(none-0; mild 1-2; mod 2-4; severe 5-6)

Headache: 1

Printed on 4/16/2015 5:52 PM



3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 12/05/14

Progress Notes by James Chesnutt, MD at 12/5/2014 10:24 AM (continued)

Pressure in head: 0
Neck pain: 2
Balance problems or dizzy: 0
Nausea or vomiting: 0
Vision problems: 1
Hearing problems/ringing in ears: 0
Don't feel right: 0
Feeling dinged or dazed: 0
Confusion: 0
Feeling slowed down: 1
Feeling in a fog: 0
Drowsiness: 0
Fatigue or low energy: 1
More emotional than usual: 1
Irritable: 1
Difficulty concentrating: 2
Difficulty remembering: 1
Sadness: 0
Nervous or anxious: 0
Trouble falling asleep: 0
Sleeping more than usual: 0
Sensitivity to light: 1
Sensitivity to noise: 1

TOTAL SYMPTOM SCORE: 13

TOTAL SYMPTOM SCORE: 13

Recovery goals:

Goal Progress Summary (0-100%; 100% = full recovery, rate top 3 priorities)

	Top 3	12/5/2014	Comments/Details
Headache			Much better
Neck Pain			Much better but sore at end of work day
Dizziness/balance			
Vision			Improving Left eye suppressed still peripheral vision not as good
Fatigue			Pretty good
Sleep			Generally Good but may be low at times
Psych/Mental Health			feeling food on bupropion
Cognitive			Pretty well but still some concentration and memory issues..
School/work			85 % approx Wears out faster
Exercise tolerance			Wt living at gym and 30 min aerobic/ bike/ walk



3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 12/05/14

Progress Notes by James Chesnutt, MD at 12/5/2014 10:24 AM (continued)

ASSESSMENT:

Concussion resolving slowly
Continue current rehab and restrictions

Call or return to clinic if these symptoms worsen or fail to improve as anticipated.

James C. Chesnutt, M.D.
Sports Medicine
Specializing in Pediatric and Adult Patients
OHSU Sports Medicine Program
OHSU Orthopaedics & Rehabilitation and Family Medicine
Center for Health and Healing, 12th Floor
3303 S W Bond Ave
Portland, OR 97239-3011
503-494-4000

Please visit www.ohsusportsmedicine.com for information about healthy active lifestyles and sports injury diagnosis, treatment and prevention.

Progress Notes by James Chesnutt, MD at 9/9/2014 9:46 AM

Author: James Chesnutt, MD	Service: (none)	Author Type: Physician
Filed: 9/22/2014 1:25 AM	Note Time: 9/9/2014 9:46 AM	Note Type: Progress Notes
Status: Signed	Editor: James Chesnutt, MD (Physician)	

CONCUSSION MANAGEMENT PLAN

Injury information: Bethany Lynne Coleman-Fire is a 30 y.o. female who suffered a head injury on 2/19/2014.

Event Description: Walking dog, hit by car - flew 20 feet

Initial Symptoms: neck pain, HA, vertigo, dizziness

Loss of Consciousness: no

Management @ Event: EMT c-spine immobilization - taken to Emanuel Hospital - C-spine cleared

ED or MD visit: yes: see PCP

Imaging performed: yes: see below

Seen by PCP: yes

Out of work initially

Tried to get back to work 2 weeks ago - felt awful and went home. Works as a Lawyer - felt nauseous anxious and fatigued at work - ~ 1.5 hr at work

Went back yesterday for about 3 hour each day this week - feel exhausted and - doing minimal activities with worsening symptoms

Message therapy - for neck issues

Sciatic nerve issues

20 min walk or yoga - left toe issues

Saw Dr. Brown Neurology today for vertigo work up.

Printed on 4/16/2015 5:52 PM

EXHIBIT 1
PART 1 of 2
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3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 09/09/14

Progress Notes by James Chesnutt, MD at 9/9/2014 9:46 AM (continued)

Recovery but slow

Concussion treatment team:

	Name:	Start of care:
Physician:		
PT:		
OT:		
SLP-Cognitive:		
Neuro-opt:	stone	
Pain:		
Neurology:		
Neuropsych:		
Athletic trainer:		

Additional facts:

No data filed

Sports Concussion Assessment Tool (SCAT) Score:

TOTAL SYMPTOM SCORE: 84

SCAT	4/3/2014	9/9/2014
(none=0; mild 1-2; mod 2-4; severe 5-6)		
Headache	4	3
Pressure in head	4	3
Neck pain	3	5
Balance problems or dizzy	3	0
Nausea or vomiting	0	0
Vision problems	0	3
Hearing problems/ringing in ears	0	2
Don't feel right	5	5
Feeling dinged or dazed	5	3
Confusion	0	2
Feeling slowed down	5	6
Feeling in a fog	5	3
Drowsiness	4	0
Fatigue or low energy	5	6
More emotional than usual	5	6

Printed on 4/16/2015 5:52 PM

EXHIBIT 1
PART 1 of 2
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3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 09/09/14

Progress Notes by James Chesnutt, MD at 9/9/2014 9:46 AM (continued)

Irritable	3	6
Difficulty concentrating	6	6
Difficulty remembering	2	5
Sadness	4	5
Nervous or anxious	6	6
Trouble falling asleep	0	3
Sleeping more than usual	2	0
Sensitivity to light	0	2
Sensitivity to noise	0	4
TOTAL SYMPTOM SCORE	71	84

Goal Progress Summary (0-100%; 100% = full recovery, rate top 3 priorities)

	Top 3	9/9/2014	Comments/Details
Headache	1		Impact daily fxn the most daily headache Only break was with a massage OCc nsaid only
Neck Pain	2		No recent therapy Did get relieve form maassage occ
Dizziness/balance			More episodic and mostly resolved.. Di have on e episode then improved quickly with eply maneuver over the phone
Vision			Large improvement Esp tracking. Eye exercises and neuroopt
Fatigue			Still low
Sleep			Some stress related dreams related to accident
Psych/Mental Health			More irritable
Cognitive			Slow Feels like running in sand
School/work			working for one month 1/2 time good But worse with increased schedule
Exercise tolerance			running Many days a week that seems to help

ASSESSMENT:

- | | | |
|---|----------|---------------------------|
| | ICD-9-CM | |
| 1. Post-concussion headache | 339.20 | PHYSICAL THERAPY REFERRAL |
| 2. Cervical strain, initial encounter | 847.0 | PHYSICAL THERAPY REFERRAL |
| 3. Concussion with loss of consciousness <= 30 min, initial encounter | 850.11 | |

see Bill for left neck related headaches



3181 S W Sam Jackson Park Road
Mailcode: OP17A
University Hospital South

COLEMAN-FIRE, BETHANY LYNNE
MRN: 06674616
DOB: [REDACTED] Sex: F
Enc. Date: 09/09/14

Progress Notes by James Chesnutt, MD at 9/9/2014 9:46 AM (continued)

OHSU Physical Therapy is on the 1st floor of OHSU Center for Health and Healing.
Please call 503-494-3151 to schedule an appointment.

Aleve 1-2 pills twice daily may help with pain and swelling. Please take with food or milk. Adverse effects may include upset stomach, ulcer, high blood pressure worsening of swelling in lower extremity and others. These are similar to other medications like ibuprofen. If these problems arise, stop the medication and contact your primary care doctor.

consider re eval with Maxine for cognitive treatment in regards to trying to get back to full time work

consider use of Zoloft to improve mood and energy

Call or return to clinic if these symptoms worsen or fail to improve as anticipated.

James C. Chesnutt, M.D.
Sports Medicine
Specializing in Pediatric and Adult Patients
OHSU Sports Medicine Program
OHSU Orthopaedics & Rehabilitation and Family Medicine
Center for Health and Healing, 12th Floor
3303 S W Bond Ave
Portland, OR 97239-3011
503-494-4000

Please visit www.ohsusportsmedicine.com for information about healthy active lifestyles and sports injury diagnosis, treatment and prevention.

Quality Assurance Report



Request Information

Report Date: May 12, 2015

RP ID: 2185398

Patient Name: COLEMAN-FIRE, BETHANY

Provider Name: OREGON HEALTH SCIENCES UNIVERSITY

Quality Assurance Information

Special Request: - Seen By: Dr. Jim Chestnut Request faxed on 3/4. Need update please.

Special Request Included? YES

Secondary ID Confirmed? YES

QC Notes:

Chart Reviewed By: Jennifer Neyra

From February 1, 2012 to Present

Quality Assurance Report



Request Information

Report Date: April 26, 2015

RP ID: 2185399

Patient Name: COLEMAN-FIRE, BETHANY

Provider Name: LEGACY EMANUEL HOSPITAL

Quality Assurance Information

Special Request: ***FEE APPROVED UP TO \$100.00 AS LONG AS FEE IS IN ACCORDANCE WITH OREGON STATE STATUTES*** ***Admin and discharge records only please.
-Seen by: Legacy Emmanuel ER

Special Request Included? YES

Secondary ID Confirmed? YES

QC Notes: Enclosed are all records supplied by medical facility for requested dates of service Enclosed are all records supplied by medical facility for the specific information requested

Chart Reviewed By: Ma. Lorelei Gervacio

From February 1, 2012 to Present

Medical Record Request Complete



Customer Information

Report Date: April 21, 2015 RPID: 2253868
Client Name: Standard Group Benefits CLAIMS
Req. By: KM:Necole

Patient Information

Name: COLEMAN-FIRE, BETHANY
D.O.B.: [REDACTED] Policy/Cert: 00VW3181 KM:Necole
Special Requirements:
- Seen By: BROWN, DR JEFFREY

RECEIVED

APR 22 2015

Provider Information

Provider: BROWN, DR JEFFREY
1040 NW 22nd Ave Ste 630
ATTN: MEDICAL RECORDS
Portland, OR 97210

Phone: (503) 954-1566 Fax: (503) 796-2742

Employee Benefits

Electronic Order Data (If Applicable)

Patient Name: COLEMAN-FIRE, BETHANY
Patient DOB: [REDACTED]
Patient SSN: [REDACTED]
Policy Number: 00VW3181 KM:Necole

Provider Data: BROWN, DR JEFFREY
1040 NW 22nd Ave Ste 630
Portland, OR 97210
503-954-1566

EXHIBIT 1

PART 1 of 2

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Brown
4/14

WEST PORTLAND NEUROLOGY

JEFFREY J. BROWN MD, PhD

1040 NW 22ND AVENUE, SUITE 630
PORTLAND, OREGON 97210

PHONE: 503-954-1566 FAX: 503-796-2742

April 29, 2014

Richa Uppal, M.D.
The Portland Clinic
800 S.W. 13th Avenue
Portland, Oregon 97205

RE: Bethany Coleman-Fire (DOB: [REDACTED])

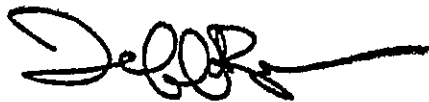
Dear Doctor Uppal:

Bethany returns for follow-up after vestibular testing, all of which was normal. There is no evidence of posttraumatic vestibulopathy or posttraumatic endolymphatic hydrops. Her hearing is very normal.

The test data suggests that her issues are related to her head injury on a central and nonperipheral basis. I went over in great detail with her the classic issues in terms of cumulative effects of head injury and the typical healing pattern.

I expect her to have excellent resolution as her risk factors are good for this, but I cannot predict when this will be. I recommended that when she returns to work she do so in a graded fashion, extending her hours as she tolerates.

Sincerely,



Jeffrey J. Brown, M.D., Ph.D.
JJB:gts

WWW.WESTPORTLANDNEUROLOGY.COM

EXHIBIT 1
PART 1 of 2
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4/14
Dr. Brown

Legacy Good Samaritan Hospital
 Clinical Vestibular Laboratory & Audiology
 1040 NW 22nd Avenue, Suite 460
 Portland, OR 97210
 (503) 413-8154

CLINICAL VESTIBULAR LAB REPORT

Name: COLEMAN-FIRE, Bethany
 Age: 30
 Referred by: Jeffrey J. Brown, M.D.

Test Date: April 14, 2014
 DOB: [REDACTED]
 Tested by: Kim Kniebuehler, Au.D.

Symptoms/Reason for Exam: Constant lightheadedness, disorientation, spacey/"out of body" sensation, imbalance with a tendency to veer off course to the left, rocking sensation, headaches, cognitive difficulties. Symptoms can be elicited or exacerbated by grocery/mall shopping, viewing busy visual patterns, reading and with increased stress.

Onset: According to the patient, began experiencing vertigo following being struck by a car as a pedestrian on February 19, 2014. She was seen by a physical therapist who performed the Epley maneuver. This resolved the vertigo but she has the residual symptoms listed above.

Progression: Symptoms have improved slightly over time but not completely resolved.

Contributing History: Seasonal allergies, numbness in left foot, ongoing balance and vision therapy.

Medications: Allergy venom injections.

Intake Summary: Screening tests for eye movements, vertebral artery and cervical vertigo were essentially within normal limits. She walks without direct assistance. Pre-caloric tympanometry verified intact tympanic membranes and normal middle ear function bilaterally. No symptoms were reported during or following pressure changes to either ear.

Tests Performed: Basic Comprehensive Audiometrics, Electrocochleography (ECoG), Video-nystagmography (VNG) (oculomotor tests including gaze, smooth pursuit/oscillating tracking and random saccades, positional, caloric), Hallpike, full-field Optokinetic Reflex (OKR), Vestibular Evoked Myogenic Potential (VEMP) studies.

Test Results:

Audiometrics: Pure-tone air conduction (AC) and bone conduction (BC) thresholds in dBHL:

Frequency in Hz	250	500	1000	2000	4000	6000	8000
Right AC	10	10	15	10	10	10	20
Left AC	15	15	10	15	10	15	15
Right BC	-	5	10	5	10	-	-
Left BC	-	5	5	15	10	-	-

..... Speech Audiometry:

		Word recognition		
	SRT	% correct	SL	HL
Right	10	96%	30	40
Left	10	100%	30	40

Electrocochleography: (Normal is <0.45)

Mean right SP/AP 0.39 Normal.

Mean Left SP/AP 0.29 Normal.

Voluntary eye movements:

Saccades Normal.

Smooth pursuit Normal.

VNG, etc 4/14

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 03/02/15

Progress Notes (continued)

Richa Uppal, MD at 3/2/2015 8:10 AM (continued)

O:

Filed Vitals:

03/02/15 0803
BP: 128/72
Pulse: 76
Weight: 193 lb 9.6 oz (87.816 kg)

Body mass index is 28.58 kg/(m²).

Physical Exam

O:

Filed Vitals:

03/02/15 0803
BP: 128/72
Pulse: 76
Weight: 193 lb 9.6 oz (87.816 kg)

Body mass index is 28.58 kg/(m²).

Constitutional: She is pleasant, appears stated age and is in no distress.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and flat affect. Her behavior is normal.

Assessment/Plan:

1. Reaction, adjustment, with anxious, depressed mood buPROPion (WELLBUTRIN XL) 300 MG 24 hr tablet
2. Post concussion syndrome
3. Insomnia trazodone (DESYREL) 50 MG tablet
4. Iron deficiency anemia

Will try 300 mg XL generic wellbutrin once a day if cost permits. Continue counseling. Try trazodone.

Plan for neuropsych testing this month. Continue exercise.

Continue iron supplement.

Disclaimer: I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

Printed on 3/9/2015 11:14 AM

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 03/02/15

Progress Notes (continued)

Richa Uppal, MD at 3/2/2015 8:10 AM (continued)

This note was created using a voice recognition software and may have inadvertent errors.

Electronically signed by Richa Uppal, MD at 3/2/2015 11:15 AM

Revision History

Date/Time	User	Action
> 3/2/2015 11:15 AM	Richa Uppal, MD	Sign
3/2/2015 8:10 AM	Chloe Porter, CCMA	Sign at close encounter

OP Notes

No notes found.

Other Orders (03/02/15 - 03/02/15)

trazodone (DESYREL) 50 MG tablet [9921526] Active

Ordering user: Richa Uppal, MD 03/02/15 0833 Authorized by: Richa Uppal, MD
Frequency: Nightly 03/02/15 - 30 Days
Electronically signed by: Richa Uppal, MD 03/02/15 0833
Diagnoses: Insomnia [780.52]

buPROPion (WELLBUTRIN XL) 300 MG 24 hr tablet [9921525] Active

Ordering user: Richa Uppal, MD 03/02/15 0824 Authorized by: Richa Uppal, MD
Frequency: QAM 03/02/15 - 365 Days
Electronically signed by: Richa Uppal, MD 03/02/15 0824
Diagnoses: Reaction, adjustment, with anxious, depressed mood [309.28]

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

Result

Resulted: 07/11/14 1510, Result Status: Final
result

Hemoglobin A1c [8369167]

Resulting Lab:	TPC DOWNTOWN	Specimen:	Blood 07/11/14 1116
Component	Value	Ref Range	Flag
PercentHbA1c	5.6	4.0 - 5.6 %	

Comment: For diabetes screening:

Printed on 3/9/2015 11:14 AM

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RP Date ID: Dec 12 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 12/12/14

Reason for Visit

Follow-up

Diagnoses

Adjustment disorder - Primary

Vitamin D deficiency

Iron deficiency anemia

Vitals - Last Recorded

BP	Pulse	Wt
122/78	70	192 lb (87.091 kg)

Vitals History Recorded

Progress Notes

Richa Uppal, MD at 12/12/2014 8:06 AM

Status: Signed

Chief Complaint

Patient presents with

- Follow-up

History of presenting illness: Follow up on meds

Stable on current medication. Feels that she is closer to her baseline now and she has been in the past. She has been back to work. Has not made an appointment with a psychologist yet. Had one meeting with a therapist but did not click with the therapist. Following up with Dr. Chestnut at OHSU for postconcussion syndrome.

Has been taking vitamin D intermittently.

Trying to healthier and exercise. She has gained weight.

Not taking iron supplements regularly.

Influenza Vaccine due on 09/01/2014

Cervical Cancer Screening due on 12/29/2014

Medications:**Current Outpatient Prescriptions on File Prior to Visit**

Medication	Sig	Dispense	Refill
• buPROPion (WELLBUTRIN SR) 150 MG 12 hr tablet	Take 1 tablet by mouth 2 (two) times daily	60 tablet	1

Allergies:

Allergies

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STND 18-03985-000121



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:12/12/14

Progress Notes (continued)

Richa Uppal, MD at 12/12/2014 8:06 AM (continued)

Allergen Reactions

- Ceclor [Cefaclor]
As a child

Active Ambulatory Problems

Diagnosis	Date Noted
History of concussion	07/11/2014
Vertigo due to concussion	07/11/2014
Reaction, adjustment, with anxious, depressed mood	09/16/2014
Headache	09/16/2014
Neck muscle spasm	09/16/2014
Weight gain	09/16/2014
Post concussion syndrome	09/16/2014
Vitamin D deficiency	12/12/2014
Iron deficiency anemia	12/12/2014

Resolved Ambulatory Problems

Diagnosis	Date Noted
No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
Allergy	
Immunotherapy	May 2006
Breast cancer screening, high risk patient	
High risk of ovarian cancer	
H/O mammogram	

Past social history:

History

Substance Use Topics	
Smoking status:	Never Smoker
Smokeless tobacco:	Never Used
Alcohol Use:	Yes
Comment: Occassionally	

O:

Filed Vitals:

12/12/14 0803
BP: 122/78

Printed on 3/9/2015 11:14 AM

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 12/12/14

Progress Notes (continued)

Richa Uppal, MD at 12/12/2014 8:06 AM (continued)

Pulse: 70
Weight: 192 lb (87.091 kg)

Body mass index is 28.34 kg/(m²).

Physical Exam

O:

Filed Vitals:

12/12/14 0803
BP: 122/78
Pulse: 70
Weight: 192 lb (87.091 kg)

Body mass index is 28.34 kg/(m²).

Constitutional: She is pleasant, appears stated age and is in no distress.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

Assessment/Plan:

1. Adjustment disorder
2. Vitamin D deficiency
3. Iron deficiency anemia

Ambulatory referral to Psychology

Advised patient to follow-up with a psychologist. That will help speed up recovery. Continue vitamin D and iron replacement. Exercise daily. In for 8-9 hours of sleep at a minimum daily.

Follow-up as needed.

Disclaimer: I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

This note was created using a voice recognition software and may have inadvertent errors.

Electronically signed by Richa Uppal, MD at 12/12/2014 4:27 PM

Revision History

Date/Time	User	Action
> 12/12/2014 4:27 PM	Richa Uppal, MD	Sign
12/12/2014 8:06 AM	Courtney Skirving, CCMA	Sign at close encounter

Printed on 3/9/2015 11:14 AM

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RP Date ID: Dec 12 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:12/12/14

Progress Notes (continued)

OP Notes

No notes found.

Other Orders (12/12/14 - 12/12/14)

Ambulatory referral to Psychology [8748144]

Active

Ordering user: Richa Uppal, MD 12/12/14 0820
Frequency: 12/12/14 -
Electronically signed by: Richa Uppal, MD 12/12/14 0820
Diagnoses: Adjustment disorder [309.9]

Authorized by: Richa Uppal, MD

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

Printed on 3/9/2015 11:14 AM

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STND 18-03985-000124

RP Date ID: Oct 14 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 10/14/14

Reason for Visit

Anxiety

Depression

Diagnoses

Adjustment reaction - Primary

Anxiety and depression

Medications**Ordered Medications**

	Disp	Refills	Start	End
buPROPion (WELLBUTRIN SR) 150 MG 12 hr tablet (Discontinued)	60 tablet	1	10/14/2014	12/16/2014
Sig - Route: Take 1 tablet by mouth 2 (two) times daily - Oral				
Reason for Discontinue: Reorder				

Vitals - Last Recorded

BP	Pulse	Wt
110/68	72	191 lb (86.637 kg)

Vitals History Recorded

Progress Notes**Courtney Skirving, CCMA at 10/16/2014 3:30 PM**

Status: Signed

F/u scheduled

Electronically signed by Courtney Skirving, CCMA at 10/16/2014 3:30 PM

Richa Uppal, MD at 10/15/2014 8:42 AM

Status: Signed

Chief Complaint

Patient presents with

- Anxiety
- Depression

History of presenting illness: Patient reports that her mood has improved. She has been able to work for longer duration. Is exercising regularly. Still has episodes of tearfulness. Did not fill diazepam prescription. Anxiety not worse after wellbutrin started. Dreams are more vivid. Patient has been taking medications in am and second dose of wellbutrin around dinner. Was told by her friends and sports medicine physician that post concussion adjustment reaction and other symptoms can take 1-2 years to improve. Has not been able to start with any counselors but has been calling to get an appointment.

Medications:

No current outpatient prescriptions on file prior to visit.

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STND 18-03985-000125



TPC ROI SERVICE AREA
8640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:10/14/14

Progress Notes (continued)

Richa Uppal, MD at 10/15/2014 8:42 AM (continued)

Allergies:

Allergies

Allergen

Reactions

- Ceflor [Cefaclor]
As a child

Active Ambulatory Problems

Diagnosis	Date Noted
• History of concussion	07/11/2014
• Vertigo due to concussion	07/11/2014
• Reaction, adjustment, with anxious, depressed mood	09/16/2014
• Headache	09/16/2014
• Neck muscle spasm	09/16/2014
• Weight gain	09/16/2014
• Post concussion syndrome	09/16/2014

Resolved Ambulatory Problems

Diagnosis	Date Noted
• No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
• Allergy	
• Immunotherapy	May 2006
• Breast cancer screening, high risk patient	
• High risk of ovarian cancer	
• H/O mammogram	

Past social history:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Yes

Comment: Occassionally

O:

Filed Vitals:

10/14/14 0837

Printed on 3/9/2015 11:14 AM

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RP Date ID: Oct 14 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 10/14/14

Progress Notes (continued)

Richa Uppal, MD at 10/15/2014 8:42 AM (continued)

BP: 110/68
Pulse: 72
Weight: 191 lb (86.637 kg)

Body mass Index is 28.19 kg/(m²).

Physical Exam

O:

Filed Vitals:

10/14/14 0837
BP: 110/68
Pulse: 72
Weight: 191 lb (86.637 kg)

Body mass Index is 28.19 kg/(m²).

Constitutional: She is pleasant, appears stated age and is in no distress.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a depressed mood and affect. Her behavior is normal. Good eye contact.

Assessment/Plan:

- | | |
|---------------------------|---|
| 1. Adjustment reaction | buPROPion (WELLBUTRIN SR) 150 MG 12 hr tablet |
| 2. Anxiety and depression | buPROPion (WELLBUTRIN SR) 150 MG 12 hr tablet |

Continue medications. Take second dose after lunch with snack. Exercise daily. Follow up in 2 months. Start counseling.

Disclaimer: I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

This note was created using a voice recognition software and may have inadvertent errors.

Electronically signed by Richa Uppal, MD at 10/15/2014 8:51 AM

OP Notes

No notes found.

Other Orders (10/14/14 - 10/14/14)

Printed on 3/9/2015 11:14 AM

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PART 1 of 2
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STND 18-03985-000127



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:10/14/14

Other Orders (10/14/14 - 10/14/14) (continued)

buPROPion (WELLBUTRIN SR) 150 MG 12 hr tablet [8748143]

Discontinued

Ordering user:	Richa Uppal, MD 10/14/14 0909	Authorized by:	Richa Uppal, MD
Frequency:	BID 10/14/14 - 365 Days		
Electronically signed by:	Richa Uppal, MD 10/14/14 0909		
Discontinued by:	Richa Uppal, MD 12/17/14 1615 [Reorder]		
Diagnoses:	Adjustment reaction [309.9] Anxiety and depression [300.4]		

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

RP Date ID: Sep 16 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:09/16/14

Reason for Visit

Follow-up

Diagnoses

Reaction, adjustment, with anxious, depressed mood - Primary

Headache

Neck muscle spasm

Weight gain

Post concussion syndrome

Medications**Ordered Medications**

	Disp	Refills	Start	End
duloxetine (CYMBALTA) 30 MG capsule (Discontinued)	60 capsule	1	9/16/2014	9/18/2014
Sig: Take 1 tab daily with snack for 3 days and then 2 tabs daily from then on .				

Vitals - Last Recorded

BP	Pulse	Wt
116/78	72	198 lb (89.812 kg)

Vitals History Recorded

Progress Notes

Richa Uppal, MD at 9/16/2014 8:12 AM

Status: Signed

Chief Complaint

Patient presents with

- Follow-up

History of presenting illness: Follow up on MVA, headaches, fatigued and discuss new medication. Patient follows with Dr. Chestnut at OHSU for postconcussion care. She is also receiving physical therapy, occupational therapy, speech therapy. She does massage therapy with Alimta T Amy Bennett and has a craniosacral massage therapist as well. The craniosacral massage helps a lot with her persistent headaches. The headaches do not have any specific location. They are present almost daily. Sugar takes the edge off the headache and the patient did not notice her predilection and how it has affected her weight until recently. Dr. Chestnut also mentioned to the patient that she should be on an antidepressant as her mood has been low. Patient reports frequent crying spells. She has gained a significant amount of weight. She is typically a positive person with a positive outlook and this is very unusual for her. She has been exercising daily but it has not helped her mood.

Influenza Vaccine due on 09/01/2014

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STND 18-03985-000129

RP Date ID: Sep 16 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 09/16/14

Progress Notes (continued)**Richa Uppal, MD at 9/16/2014 8:12 AM (continued)****Medications:****Current Outpatient Prescriptions on File Prior to Visit**

Medication	Sig	Dispense	Refill
• [DISCONTINUED] ondansetron (ZOFRAN) 4 MG tablet	Take 4 mg by mouth as needed		

Allergies:**Allergies**

Allergen	Reactions
• Ceclor [Cefaclor] As a child	

Active Ambulatory Problems

Diagnosis	Date Noted
• History of concussion	07/11/2014
• Vertigo due to concussion	07/11/2014
• Reaction, adjustment, with anxious, depressed mood	09/16/2014
• Headache	09/16/2014
• Neck muscle spasm	09/16/2014
• Weight gain	09/16/2014
• Post concussion syndrome	09/16/2014

Resolved Ambulatory Problems

Diagnosis	Date Noted
• No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
• Allergy	
• Immunotherapy	May 2006
• Breast cancer screening, high risk patient	
• High risk of ovarian cancer	

Past social history:**History**

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	Yes
Comment: Occassionally	

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STND 18-03985-000130



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 09/16/14

Progress Notes (continued)

Richa Uppal, MD at 9/16/2014 8:12 AM (continued)

O:

Filed Vitals:

09/16/14 0808
BP: 116/78
Pulse: 72
Weight: 198 lb (89.812 kg)

Body mass index is 29.23 kg/(m²).

Physical Exam

O:

Filed Vitals:

09/16/14 0808
BP: 116/78
Pulse: 72
Weight: 198 lb (89.812 kg)

Body mass index is 29.23 kg/(m²).

Constitutional: She is pleasant, appears stated age and is in no distress.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

PSYCHIATRIC TESTING / QUESTIONNAIRES ADMINISTERED:

AMEN CHECKLIST: (greater than 5 in any area is significant)

Depression: 9
Anxiety: 5
Anger: 9
Attention - impulse: 9
Transitions-Obsessive-compulsive: 13

Hypomania/mania symptom checklist -HCI 32 was administered to the patient. It is a screening test for bipolar disorder. The patient endorsed 8 out of 32 items. A score of 14 or more is consistent with a diagnosis of bipolar disorder.

Above questionnaires scanned into EMR.



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 09/16/14

Progress Notes (continued)

Richa Uppal, MD at 9/16/2014 8:12 AM (continued)

Assessment/Plan:

1. Reaction, adjustment, with anxious, depressed mood
2. Headache
3. Neck muscle spasm
4. Weight gain
5. Post concussion syndrome

Advised patient to try counseling. Since patient has gained weight, would avoid SSRI. We will try Cymbalta as it is weight neutral and helps with anxiety and depression. We will start with 30 mg tablets at bedtime and then increase the dose to 60 mg daily. The patient was counseled regarding GI adverse effects including nausea for the first few weeks. We will follow-up in 4 weeks. Continue massage therapy and other manual therapies per Dr. Chestnut. Advised patient to continue exercising daily. Avoid simple sugars and diet.

Disclaimer: I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

This note was created using a voice recognition software and may have inadvertent errors.

Electronically signed by Richa Uppal, MD at 9/16/2014 9:31 AM

Revision History

Date/Time	User	Action
> 9/16/2014 9:31 AM	Richa Uppal, MD	Sign
9/16/2014 8:12 AM	Courtney Skirving, CCMA	Sign at close encounter

OP Notes

No notes found.

Other Orders (09/16/14 - 09/16/14)

duloxetine (CYMBALTA) 30 MG capsule [8748138]

Discontinued

Ordering user: Richa Uppal, MD 09/16/14 0826
Frequency: 09/16/14 - 09/18/14
Electronically signed by: Richa Uppal, MD 09/16/14 0826
Discontinued by: Richa Uppal, MD 09/18/14 1131

Authorized by: Richa Uppal, MD

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

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RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Reason for Visit

Annual Exam

Diagnoses

Annual physical exam - Primary
Family history of diabetes mellitus
Family history of breast cancer
Family history of ovarian cancer
History of concussion
Vertigo

Vitals - Last Recorded

BP	Pulse	Wt
120/82	66	198 lb (89.812 kg)

Vitals History Recorded

Progress Notes

Richa Uppal, MD at 7/11/2014 10:37 AM

Status: Signed

Chief Complaint

Patient presents with

- Annual Exam

History of presenting illness: Fasting physical no pap (last pap 2011)

No health maintenance topics applied.

Review of Systems

Constitutional: Negative for fever, chills and weight loss.

HENT: Negative for hearing loss, nosebleeds, congestion, neck pain, tinnitus and ear discharge.

Vertigo

Eyes: Positive for blurred vision.

Respiratory: Negative for cough, shortness of breath, wheezing and stridor.

Cardiovascular: Negative for chest pain, palpitations, orthopnea and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool and melena.

Genitourinary: Negative for dysuria, urgency and hematuria.

Musculoskeletal: Negative for myalgias and back pain.

Skin: Negative for itching and rash.

Neurological: Positive for dizziness. Negative for tingling, tremors, sensory change, speech change and headaches.

Endo/Heme/Allergies: Negative for environmental allergies. Does not bruise/bleed easily.

Psychiatric/Behavioral: Positive for depression (good days and bad days). Negative for substance abuse.

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STND 18-03985-000133



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Progress Notes (continued)

Richa Uppal, MD at 7/11/2014 10:37 AM (continued)

The patient is not nervous/anxious and does not have insomnia.

Medications:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
ondansetron (ZOFTRAN) 4 MG tablet	Take 4 mg by mouth as needed		

Allergies:

Allergies

Allergen	Reactions
Ceclor (Cefaclor) As a child	

Past history:

Active Ambulatory Problems

Diagnosis	Date Noted
History of concussion	07/11/2014
Vertigo due to concussion	07/11/2014

Resolved Ambulatory Problems

Diagnosis	Date Noted
No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
Allergy	
Immunotherapy	May 2006

Past social history:

History

Substance Use Topics	
Smoking status:	Never Smoker
Smokeless tobacco:	Never Used
Alcohol Use:	Yes
Comment: Occassionally	

Family History

Problem	Relation	Age of Onset
High cholesterol	Father	

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Progress Notes (continued)

Richa Uppal, MD at 7/11/2014 10:37 AM (continued)

• Hypertension	Father	
• Asthma	Brother	
• Cancer	Maternal Aunt	35
<i>Ovarian cancer</i>		
• Diabetes	Maternal Uncle	
• Arthritis	Paternal Aunt	
• Diabetes	Maternal Grandmother	
• Hearing loss	Maternal Grandmother	
• Heart disease	Maternal Grandfather	
• Hearing loss	Maternal Grandfather	
• Arthritis	Paternal Grandmother	
• Hearing loss	Paternal Grandmother	
• Hearing loss	Paternal Grandfather	
• Cancer	Mother	57
<i>Breast</i>		

O:

Filed Vitals:

07/11/14 1033
BP: 120/82
Pulse: 66
Weight: 198 lb (89.812 kg)

Body mass index is 29.23 kg/(m²).

General Appearance: Alert, cooperative, no distress, appears stated age
Head: Normocephalic, without obvious abnormality, atraumatic
Eyes: PERRL, conjunctiva/corneas clear
Ears: Normal TM's and external ear canals, both ears
Nose: Nares normal, mucosa normal, no drainage or sinus tenderness
Throat: Lips, mucosa, and tongue normal; teeth and gums normal
Neck: Supple, symmetrical, trachea midline, no adenopathy; thyroid: no enlargement/tenderness/nodules; no carotid bruit or JVD
Back: Symmetric, no curvature, ROM normal, no CVA tenderness
Lungs: Clear to auscultation bilaterally, respirations unlabored
Chest Wall: No tenderness or deformity
Heart: Regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop
Breast Exam: No tenderness, masses, or nipple abnormality



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Progress Notes (continued)

Richa Uppal, MD at 7/11/2014 10:37 AM (continued)

Abdomen: Soft, non-tender, bowel sounds active all four quadrants, no masses, no organomegaly
Extremities: Extremities normal, atraumatic, no cyanosis or edema
Pulses: 2+ and symmetric all extremities
Skin: Skin color, texture, turgor normal, rashes and lesions negative
Lymph nodes: Cervical, supraclavicular, and axillary nodes normal
Neurologic: CNII-XII intact, normal strength, sensation and reflexes throughout

Lab/imaging:

Appointment on 07/11/2014

Component	Date	Value	Range	Status
• White Blood Cells	07/11/2014	5.70	3.98 - 10.04 K/uL	Final
• RBC	07/11/2014	3.78*	3.93 - 5.22 M/uL	Final
• Hemoglobin	07/11/2014	11.1*	11.2 - 15.7 g/dL	Final
• Hematocrit	07/11/2014	34.0*	34.1 - 44.9 %	Final
• MCV	07/11/2014	89.9	79.4 - 94.8 fL	Final
• MCH	07/11/2014	29.4	25.6 - 32.2 pg	Final
• MCHC	07/11/2014	32.6	32.2 - 35.5 g/dL	Final
• RDW-SD	07/11/2014	42.60	36.40 - 46.30 fL	Final
• RDW -CV-	07/11/2014	13.00	11.70 - 14.40 %	Final
• PLT	07/11/2014	283	182 - 369 K/uL	Final

Assessment/Plan:

1. Annual physical exam

AUTOMATED BLOOD COUNT (ABC)
 Comprehensive metabolic panel
 Ferritin
 Lipid panel
 TSH
 Vitamin D 25 hydroxy
 Hemoglobin A1c
 Hemoglobin A1c
 Ambulatory referral to Genetic Testing

- Family history of diabetes mellitus
- Family history of breast cancer

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Progress Notes (continued)

Richa Uppal, MD at 7/11/2014 10:37 AM (continued)

4. Family history of ovarian cancer Ambulatory referral to Genetic Testing
5. History of concussion
6. Vertigo due to concussion

advised mindfulness based meditation and gen health and dietary counseling

Immunization History

Administered	Date(s) Administered
• Tdap	12/29/2011

Disclaimer: This note was created using a voice recognition software and may have inadvertent errors.

I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

Electronically signed by Richa Uppal, MD at 7/11/2014 12:10 PM

Revision History

Date/Time	User	Action
> 7/11/2014 12:10 PM	Richa Uppal, MD	Sign
7/11/2014 10:37 AM	Courtney Skirving, CCMA	Sign at close encounter

OP Notes

No notes found.

Other Orders (07/11/14 - 07/11/14)

Ambulatory referral to Genetic Testing [8369160]

Active

Ordering user:	Richa Uppal, MD 07/11/14 1102	Authorized by:	Richa Uppal, MD
Frequency:	07/11/14 -		
Electronically signed by:	Richa Uppal, MD 07/11/14 1102		
Diagnoses:	Family history of breast cancer [V16.3] Family history of ovarian cancer [V16.41]		
Comments:	Compass oncology		

Order-Level Documents:

There are no order-level documents.

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RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)

Resulted: 07/11/14 1510, Result Status: Final
result

Hemoglobin A1c [8369167] (continued)

<5.7% Non-diabetic
5.7-6.4% Prediabetes
>6.4% Diabetes, if confirmed by repeat testing.

For monitoring of diabetes control:

<7.0% Usual goal of treatment; low risk for complications
7.0-8.0% Some increased risk for long-term complications
>8.0% Higher risk of complications; strongly consider intensifying therapy

eAG,	114	70 - 125 mg/dL	DOWN TOWN
Comment:	70 - 114	Normal Range	
	115 - 151	ADA well controlled Range	
	> 151	Need improved blood sugar control	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000138

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:07/11/14

Result (continued)

Result

Resulted: 07/11/14 1511, Result Status: Final
result

Vitamin D 25 hydroxy [8369166]

Resulting Lab:	TPC DOWNTOWN	Specimen:	Blood 07/11/14 1116
Component	Value	Ref Range	Flag
Vit D, 25-Hydroxy	32.50	30.00 - 100.00 ng/ml	-
			Lab DOWN TOWN

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000139

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:07/11/14

Result (continued)

Result

Resulted: 07/11/14 1305, Result Status: Final
result

TSH [8369165]

Resulting Lab:	TPC DOWNTOWN	Specimen:	Blood 07/11/14 1116
Component	Value	Ref Range	Flag
TSH	1.8	0.3 - 5.6 uIU/mL	-

Lab
DOWN
TOWN

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000140

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)**Result**

Resulted: 07/11/14 1428, Result Status: Final
result

Lipid panel [8369164]

Resulting Lab:	TPC DOWNTOWN	Specimen:	Blood 07/11/14 1116	
Component	Value	Ref Range	Flag	Comment
Cholesterol, Total	164	125 - 200 mg/dL		
Comment:	Pediatric ranges Desirable <170 mg /dl Borderline High 170-199 mg /dl High >= 200mg/dl			
Triglycerides	72	30 - 150 mg/dL		
Comment:	Desirable <150 mg/dL adult or <90 child Borderline high 150-199 mg/dL or 90-129 child High risk 200-499 mg/dL >= 130 child Very high >499 mg/dL no child range			
HDL	55	40 - 75 mg/dL	-	
LDL Calculated	95	<130 mg/dL		
Comment:	Pediatric ranges Borderline high 110-129 mg/dL High >= 130 mg/dL			
Non HDL Chol. (LDL+VLDL)	109	mg/dL	-	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000141

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)

Result

Resulted: 07/11/14 1305, Result Status: Final
result

Ferritin [8369163]

Resulting Lab:		TPC DOWNTOWN		Specimen:	Blood 07/11/14 1116	
Component	Value	Ref Range	Flag	Comment	Lab	
Ferritin	16.6	11.0 - 307.0 ng/ml		A ferritin of <50 ng/ml indicates iron deficiency likely.	DOWN TOWN	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000142

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)

Result

Resulted: 07/11/14 1428, Result Status: Final
result

Comprehensive metabolic panel [8369162] (Abnormal)

Resulting Lab:	TPC DOWNTOWN	Specimen:	Blood 07/11/14 1116	
Component	Value	Ref Range	Flag	Comment
Glucose	95	60 - 99 mg/dL	-	DOWN TOWN
Creatinine	0.8	0.6 - 1.1 mg/dL	-	DOWN TOWN
BUN	6	7 - 25 mg/dL	L	DOWN TOWN
Total Bilirubin	0.5	0.3 - 1.2 mg/dL	-	DOWN TOWN
Total Protein	6.6	6.0 - 8.3 g/dL	-	DOWN TOWN
AST	19	8 - 39 U/L	-	DOWN TOWN
ALT	19	10 - 35 U/L	-	DOWN TOWN
Albumin	4.0	3.4 - 5.0 g/dl	-	DOWN TOWN
Alkaline Phosphatase	60	35 - 104 U/L	-	DOWN TOWN
Calcium	9.1	8.6 - 10.3 mg/dL	-	DOWN TOWN
Sodium	139	135 - 145 mEq/L	-	DOWN TOWN
Potassium	4.5	3.6 - 5.0 mEq/L	-	DOWN TOWN
Chloride	106	98 - 107 mEq/L	-	DOWN TOWN
CO2	27	21 - 31 mEq/L	-	DOWN TOWN
Glom Filt Rate, Est	90.2	>59.5 mL/min/1.72 m ²	-	DOWN TOWN

Comment: If patient is African-American, multiply GRF result by 1.21
 =/> 60 Normal None
 Kidney damage with Normal GFR CKD stage 1
 Kidney damage with mildly decreased GFR stage 2
 30 to 59 Moderate CKD (585.3) stage 3
 15 to 29 Severe CKD (585.4) stage 4
 0 to 14 Kidney failure (585.5) stage 5

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
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STND 18-03985-000143

RP Date ID: Jul 11 2014



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)

Result

Resulted: 07/11/14 1158, Result Status: Final
result

AUTOMATED BLOOD COUNT (ABC) [8369161] (Abnormal)

Resulting Lab: TPC DOWNTOWN		Specimen: 07/11/14 1116			
Component	Value	Ref Range	Flag	Comment	Lab
White Blood Cells	5.70	3.98 - 10.04 K/uL	-	-	DOWN TOWN
RBC	3.78	3.93 - 5.22 M/uL	L	-	DOWN TOWN
Hemoglobin	11.1	11.2 - 15.7 g/dL	L	-	DOWN TOWN
Hematocrit	34.0	34.1 - 44.9 %	L	-	DOWN TOWN
MCV	89.9	79.4 - 94.8 fL	-	-	DOWN TOWN
MCH	29.4	25.6 - 32.2 pg	-	-	DOWN TOWN
MCHC	32.6	32.2 - 35.5 g/dL	-	-	DOWN TOWN
RDW-SD	42.60	36.40 - 46.30 fL	-	-	DOWN TOWN
RDW -CV-	13.00	11.70 - 14.40 %	-	-	DOWN TOWN
PLT	283	182 - 369 K/uL	-	-	DOWN TOWN

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - DOWNTOWN	TPC DOWNTOWN	Unknown	Unknown	09/15/11 0717 - 11/17/14 0910

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STND 18-03985-000144



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 07/11/14

Result (continued)

Result

Resulted: 02/21/14 1030, Result Status: Final
result

XR Cervical Spine, AP and Lateral [7556227]

Resulted by:	Jeffrey T. Hal, MD	Performed:	02/20/14 1329 - 02/20/14 1341
Resulting Lab:	EMC CLINIC LAB	Specimen:	02/21/14 1030
Narrative:	XR CERVICAL SPINE, AP LATERAL 915551		

CLINICAL INDICATIONS: MVA, neck sprain.

COMPARISON: None.

FINDINGS: The vertebral alignment is maintained. The vertebral heights and intervertebral disc spaces are within normal limits.

There is no evidence of acute compression fracture.

Impression: Negative exam.

If there is continued pain or clinical concern for acute osseous abnormality then a CT scan is recommended for further evaluation.

Jeffrey T Hal, MD
The Portland Clinic

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
7 - EMCLab	EMC CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	10/15/09 1608 - Present



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 02/20/14

Reason for Visit

Concussion

MVA yesterday morning, went to Emanuel ER

Diagnoses

Concussion - Primary

Vertigo

MVA (motor vehicle accident)

Nausea

Soft tissue injury

Neck sprain and strain

Paraspinal muscle spasm

Medications

Ordered Medications

	Disp	Refills	Start	End
cyclobenzaprine (FLEXERIL) 5 MG tablet	30 tablet	0	2/20/2014	3/2/2014
Sig - Route: Take 1 tablet by mouth 3 (three) times daily as needed for Muscle spasms - Oral				

Vitals - Last Recorded

BP	Pulse	Wt
122/68	72	184 lb (83.462 kg)

Progress Notes

Richa Uppal, MD at 2/20/2014 1:55 PM

Status: Signed

Chief Complaint

Patient presents with

- Concussion

MVA yesterday morning, went to Emanuel ER

History of presenting illness: The patient and her partner were walking their dog and were in a crosswalk yesterday evening when a car coming full speed hit her on the right side. The patient flew over, hit her head on the windshield, smashed the windshield, fluid 20 feet up in the air and then fell down on the pavement hitting her head again. No loss of consciousness. She was taken to the Emmanuel Hospital trauma by EMT and was examined. The sites soft tissue injury, no other injuries were found. CT scan of the head was negative. She had myalgias which were generalized, she had a laceration on her scalp, epistaxis likely secondary to pieces of glass in her nose and ears and vertigo. She is having a headache which is global. she does not have blurry vision, CSF rhinorrhea, hearing loss, changes in speech or swallowing, shortness of breath, chest pain, abdominal pain, change in bowel or bladder habits. She feels sore everywhere and all the muscles are tight. The neck muscles are particularly tight. When she stands up, turns her head or moves, she has worsening vertigo along with nausea.

Her partner took a photograph yesterday evening when her pupils were dilated and the left eyelid was drooping somewhat but that has corrected itself today.

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 02/20/14

Progress Notes (continued)

Richa Uppal, MD at 2/20/2014 1:55 PM (continued)

Medications:

No current outpatient prescriptions on file prior to visit.

Allergies:

Allergies

Allergen	Reactions
Ceclor (Cefaclor)	
As a child	

Active Ambulatory Problems

Diagnosis	Date Noted
No Active Ambulatory Problems	

Resolved Ambulatory Problems

Diagnosis	Date Noted
No Resolved Ambulatory Problems	

Past Medical History

Diagnosis	Date
Allergy	
Immunotherapy	May 2006

Past social history:

History

Substance Use/Topics	
Smoking status:	Never Smoker
Smokeless tobacco:	Never Used
Alcohol Use:	Yes
Comment: Occassionally	

O:

Filed Vitals:

	02/20/14 1239
BP:	122/68
Pulse:	72
Weight:	184 lb (83.462 kg)

Body mass index is 27.16 kg/(m²).

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PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 02/20/14

Progress Notes (continued)

Richa Uppal, MD at 2/20/2014 1:55 PM (continued)

Physical Exam

O:

Filed Vitals:

02/20/14 1239
BP: 122/68
Pulse: 72
Weight: 184 lb (83.462 kg)

Body mass index is 27.16 kg/(m²).

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT: No pallor or icterus. pupils equal and reactive to light. No ptosis. Oropharynx is clear and moist. Battle sign is negative. Patient is tender over bilateral TMJ and right zygomatic arch. Mouth opening is reduced. No sinus tenderness. Small amount of dried blood in the right nostril but otherwise no foreign bodies identified in the nose. Ear exam normal bilaterally.

Head: Abrasion on scalp

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub. No murmur heard. chest spring was positive

Pulmonary/Chest: Effort normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft nontender. Pelvic spring negative

Musculoskeletal: Patient has no bony spinous tenderness. She does have paraspinal muscle spasm and reduced range of motion of the C-spine. Patient has myalgias and upper and lower extremities as well as back and neck

Neurological: She is alert and oriented to person, place, and time. no nystagmus. Nonfocal neurologic exam. Gait is normal.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

ER notes were reviewed

Assessment/Plan:

- | | |
|---------------------------------|---|
| 1. Concussion | Ambulatory referral to Sports Medicine |
| 2. Vertigo | Ambulatory referral to Sports Medicine |
| 3. MVA (motor vehicle accident) | XR Cervical Spine, AP and Lateral |
| 4. Nausea | |
| 5. Soft tissue injury | cyclobenzaprine (FLEXERIL) 5 MG tablet |
| 6. Neck sprain and strain | Ambulatory referral to Alternative Medicine,
Ambulatory referral to Physical Therapy, XR Cervical
Spine, AP and Lateral |
| 7. Paraspinal muscle spasm | Ambulatory referral to Alternative Medicine,
Ambulatory referral to Physical Therapy |

Discussed and counseled regarding head injury instructions. If symptoms are worse, patient was instructed to

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PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 02/20/14

Progress Notes (continued)

Richa Uppal, MD at 2/20/2014 1:55 PM (continued)

go to the emergency room. We will refer patient to Dr. Crist for further management for concussion. We will do c spine x-rays.

Can use Tylenol and Flexeril for myalgias. We will refer for physical therapy and massage therapy.

Disclaimer: I have personally verified and reviewed data entered into the EMR by my nursing staff and made changes as appropriate.

This note was created using a voice recognition software and may have inadvertent errors.

Electronically signed by Richa Uppal, MD at 2/20/2014 2:03 PM

OP Notes

No notes found.

Other Orders (02/20/14 - 02/20/14)

cyclobenzaprine (FLEXERIL) 5 MG tablet [7556225]

Expired

Ordering user: Richa Uppal, MD 02/20/14 1308
Frequency: TID PRN 02/20/14 - 10 Days
Electronically signed by: Richa Uppal, MD 02/20/14 1308
Diagnoses: Soft tissue injury [879.8]

Authorized by: Richa Uppal, MD
PRN Reasons: Muscle spasms

Ambulatory referral to Alternative Medicine [7556223]

Active

Ordering user: Richa Uppal, MD 02/20/14 1307
Frequency: 02/20/14 -
Electronically signed by: Richa Uppal, MD 02/20/14 1307
Diagnoses: Neck sprain and strain [847.0]
Paraspinal muscle spasm [724.8]

Authorized by: Richa Uppal, MD

Ambulatory referral to Physical Therapy [7556224]

Active

This order may be acted on in another encounter.
Ordering user: Richa Uppal, MD 02/20/14 1307
Frequency: 02/20/14 -
Electronically signed by: Richa Uppal, MD 02/20/14 1307
Diagnoses: Neck sprain and strain [847.0]
Paraspinal muscle spasm [724.8]

Authorized by: Richa Uppal, MD

Ambulatory referral to Sports Medicine [7556222]

Active

Ordering user: Richa Uppal, MD 02/20/14 1304
Frequency: 02/20/14 -
Electronically signed by: Richa Uppal, MD 02/20/14 1304

Authorized by: Richa Uppal, MD

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RP Date ID: Feb 20 2014



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MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:02/20/14

Other Orders (02/20/14 - 02/20/14) (continued)**Ambulatory referral to Sports Medicine [7556222] (continued)**

Active

Diagnoses: Concussion [850.9]
Vertigo [780.4]

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

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STND 18-03985-000150



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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 02/20/14

Result (continued)

Episode Information

Episode	Status	Start Date	Resolved Date
Neck pain, dizziness	Resolved	02/27/2014	04/09/2014

Clinical/Financial

PCP	Payor/Plan
Richa Uppal, MD	MOTOR VEHICLE/LIBERTY MUTUAL

Medical Problems

Problem	Noted	Last Modified	Priority
Vitamin D deficiency [242378]	12/12/14	12/12/14, by Richa Uppal, MD	
Iron deficiency anemia [213315]	12/12/14	12/12/14, by Richa Uppal, MD	
Reaction, adjustment, with anxious, depressed mood [408143]	09/16/14	03/02/15, by Richa Uppal, MD	
Overview Signed 3/2/2015 8:24 AM by Richa Uppal, MD Gaby Donnell - counselor			
Headache [1035609]	09/16/14	09/16/14, by Richa Uppal, MD	
Neck muscle spasm [475009]	09/16/14	09/16/14, by Richa Uppal, MD	
Weight gain [207460]	09/16/14	09/16/14, by Richa Uppal, MD	
Post concussion syndrome [360690]	09/16/14	09/16/14, by Richa Uppal, MD	
History of concussion [472260]	07/11/14	07/11/14, by Richa Uppal, MD	
Vertigo due to concussion [207257]	07/11/14	07/11/14, by Richa Uppal, MD	

Progress Notes For Linked Encounters

02/27/2014

Curtis R. Persons, MPT 2/27/2014 3:04 PM Signed

PHYSICAL THERAPY EVALUATION

Medical Diagnosis: 847.0, 724.8

Subjective:

Patient is a 30 y.o. year-old female. She complains of onset of head/neck pain and dizziness on 2/19/14. Onset was sudden. She was in a crosswalk and was struck by a car on her right side. She broke the windshield with the right side of her head and the impact threw her about 20 feet down the street where she struck the left side of her head on the ground. She was taken to the ER by ambulance. CT was negative.

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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F

Result (continued)

Progress Notes For Linked Encounters (continued)

She has been having headache, lightheadedness, vertigo, fatigue, neck discomfort since then. Symptoms have improved some since onset. She describes pain as constant aching and dull affecting head. Intermittent soreness in the neck but fairly mild. She denies numbness, tingling and weakness in the UEs. Denies tinnitus, diplopia, dysphagia. Denies LE numbness, tingling. Vertigo seems to be triggered several times/day with certain movements, particularly when getting in/out of bed and rolling in bed. She is currently off work as she recovers from her concussion. She will see neurology next week to evaluate her concussion.

Objective:

ROM: Full AROM of the cervical spine with only slight discomfort produced. Dizziness produced with cervical flexion while seated. Rotation and extension and combinations of the two movements do not trigger vertigo. UE ROM WNL.

MMT: UE myotomes WNL bilaterally.

Neuro: UE sensation intact to light touch. Balance is unremarkable

Palpation: Mild hypertonicity in left cervical paraspinals, right suboccipitals.

Tests: Vertical cervical compression negative. VA screen negative. Manual traction non-provocative. Seated-to-supine movement with head rotated to the right produces vertigo lasting < 15 seconds, slight nystagmus observed. PAs throughout cervical spine minimally uncomfortable.

Treatment today: Performed Epley maneuver x 2 with head rotated right. Patient had complete resolution of vertigo following second Epley. Discussed pathophysiology of BPPV with patient and advised her to avoid bending as much as possible over the next day or two. Discussed post-concussive symptoms with patient and advised her to continue to rest until she's able to meet with neurology next week.

Assessment:

Patient's signs and symptoms are consistent with BPPV, post-concussive headaches and mild cervical strain. Treatment will address muscle guarding in cervical spine and progress to basic stabilization exercises as tolerated. Epley maneuver may be performed again if needed at future visits.

STGs (to be achieved in 2 weeks)

1. Patient will perform initial HEP without increased pain.
2. No return in vertigo with getting up from bed or when rolling in bed.
3. No pain with rotation of cervical spine

LTGs (to be achieved in 4 weeks)

1. Patient will be independent with final HEP.
2. No significant tenderness or hypertonicity in cervical spine
3. Cervical spine strength 5/5 in all planes

Plan:

Physical therapy 1-2x/week for 4 weeks.



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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F

Result (continued)

Progress Notes For Linked Encounters (continued)

Richa Uppal, MD 2/27/2014 3:08 PM Signed

I certify the need for these services furnished under this plan of treatment for up to 90 days and while under my care.

03/12/2014

Lia K. Yamamoto, DPT 3/12/2014 9:09 AM Signed

SUBJECTIVE:

Patient reports that the vertigo is gone since her first appointment. Still having some mild dizziness when going up stairs and changing positions, daily HA continue. Saw the neurologist and diagnosed with post concussion symptoms. She states she notices left foot burning when bending down.

OBJECTIVE:

PROGRESS RELATED TO LONG AND SHORT TERM GOALS:

ROM: cervical extension 75 degrees with slight increased dizziness

Strength:

Pain:

Other: positive LLE SLR with reproduction of foot burning symptoms with flossing exercise

TREATMENT:

STM scalenes, PVM, UT release; gentle c-traction

PATIENT / FAMILY EDUCATION:

Patient demonstrated accurate position / exercise of:

Progressed HEP to include: DNF, LLE supine flossing

Instructed patient / family in disease management:

Instructed patient / family in pain management:

Other: posture re-ed

ASSESSMENT:

PATIENT'S RESPONSE TO TREATMENT:

Increased flexibility

FUNCTIONAL IMPROVEMENT NOTED: Increased ability to:

Sit with proper posture

REMAINING IMPAIRMENT REQUIRING CONTINUED TREATMENT:

Decreased flexibility

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MRN: 202396
DOB: [REDACTED] Sex: F

Result (continued)

Progress Notes For Linked Encounters (continued)

Decreased ROM
Pain
Decreased Strength
Weakness
Inflammation
Dizziness, HA

PLAN:

Continue plan of care

03/19/2014

Curtis R. Persons, MPT 3/19/2014 2:46 PM Signed

SUBJECTIVE:

Vertigo still hasn't bothered her since before the Epley maneuver. She feels like intermittent dizziness and neck discomfort has been slowly improving. She saw a neurologist who she felt wasn't very helpful because they were reluctant to give her any specific guidelines on appropriate/acceptable activity level or any kind of post-concussive protocol to follow. She tried going back to work last week but became dizzy and had increased headache after only 10 minutes.

OBJECTIVE:

PROGRESS RELATED TO LONG AND SHORT TERM GOALS:

Left SLR continues to be mildly limited compared to right. No c/o of numbness or weakness in LE. Burning in heel with forward bending.

TREATMENT:

STM bilateral suboccipitals, scalenes. C7-T1, T1-2. Discussed concussive symptoms at length with patient. Advised her to get plenty of rest and avoid strenuous physical or mental activity as long as symptoms are still being provoked.

ASSESSMENT:

PATIENT'S RESPONSE TO TREATMENT:

Little change in resting discomfort which may be attributable to concussion

FUNCTIONAL IMPROVEMENT NOTED: Increased ability to:

Moving in bed and transferring without vertigo

REMAINING IMPAIRMENT REQUIRING CONTINUED TREATMENT:

Pain

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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F

Result (continued)

Progress Notes For Linked Encounters (continued)

PLAN:

Continue plan of care

04/09/2014

Curtis R. Persons, MPT 4/9/2014 3:12 PM Signed

PHYSICAL THERAPY REPORT

Discharge Summary

Dates of report - from: 2/27/14 to 4/9/14
Attended: 4 visits of 4 scheduled, NS/CX: 0
Diagnosis: Neck pain, BPPV
Referring Physician: Dr. Uppal

Progress Toward Functional Goals Established at Initial Evaluation on:

Initial Eval/Prior Note Status:

Headache, vertigo, fatigue, neck pain following pedestrian vs car accident. Vertigo triggered with getting in/out of and rolling in bed. Neck discomfort intermittent and mild. Has full AROM cervical spine with only slight discomfort produced. Dizziness with cervical flexion. Mild hypertonicity in left cervical paraspinals and right suboccipitals. Dix-Hallpike with right cervical rotation reproduces dizziness and causes slight nystagmus.

Current Status:

Vertigo eliminated after Epley maneuver at first treatment. She has continued to have intermittent lightheadedness and headache which is likely post-concussive. Neck soreness has improved quite a bit according to the patient. Minimal hypertonicity detected in cervical paraspinals. Slight discomfort at end-range cervical rotation and/or side bending right. Slight discomfort with resisted cervical sidebend left but displays 5/5 strength. Goals have not quite been achieved but neck discomfort should continue to improve with attention to posture/body mechanics and regular stretching. Demonstrates understanding and appropriate technique of current portion of HEP

Patient's Response to Treatment:

Decreased pain
Vertigo eliminated

Recommendations:

Discharge from therapy due to:
Met goals



TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F

Result (continued)**Progress Notes For Linked Encounters (continued)**

Discharge plan includes: HEP. Patient is following up with sports medicine doctor at OHSU regarding post-concussive symptoms.

DAILY NOTE**SUBJECTIVE:**

She has seen a sports medicine MD at OHSU who administered a battery of tests and is going to have her follow-up with rehab specialists there. She has been back at work at half time which has been going ok. Still fatigues very easily, has intermittent headaches and dizziness.

OBJECTIVE:**PROGRESS RELATED TO LONG AND SHORT TERM GOALS:**

See note above

TREATMENT:

Manual cervical traction. STM left UT, levator, scalenes. Passive stretching to same.

PATIENT / FAMILY EDUCATION:

Progressed HEP to include: upper thoracic postural stretch

ASSESSMENT:**PATIENT'S RESPONSE TO TREATMENT:**

Minimal discomfort only at end-range right cervical rotation/side bend.

FUNCTIONAL IMPROVEMENT NOTED: Increased ability to:

Work

PLAN:

Discharge to HEP. Patient will follow-up per physician's instructions with rehab at OHSU

Richa Uppal, MD 4/17/2014 3:57 PM Signed

I certify the need for these services furnished under this plan of treatment for up to 90 days and while under my care.

END OF REPORT

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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 04/06/12

Reason for Visit

Nasal Congestion Sinus pressure, onset Monday. Partially relieved by decongestants.
Cough
Sore Throat

Diagnoses

Sinusitis - Primary
Upper respiratory infection
Acute serous otitis media of both ears

Medications

Ordered Medications

	Disp	Refills	Start	End
guaifenesin-codeine (TUSSI-ORGANIDIN NR) 100-10 MG/5ML syrup	200 mL	0	4/6/2012	4/16/2012
Sig - Route: Take 10 mLs by mouth 3 (three) times daily as needed for Cough. - Oral Class: Phone In				
pseudoephedrine (SUDAFED) 60 MG tablet	30 tablet	0	4/6/2012	4/16/2012
Sig - Route: Take 1 tablet by mouth 2 (two) times daily as needed for Congestion. - Oral				
prednisONE (DELTAONE) 5 MG tablet	7 tablet	0	4/6/2012	4/16/2012
Sig: Take 2 tabs on day 1 and 2, then take one tablet daily for 2 days and then half tablet daily for 2 days and then stop				
fluticasone (FLONASE) 50 MCG/ACT nasal spray	16 g	2	4/6/2012	4/6/2013
Sig - Route: 2 sprays by Nasal route 2 (two) times daily. - Nasal				
azithromycin (ZITHROMAX) 250 MG tablet	6 tablet	0	4/6/2012	4/11/2012
Sig: Take 2 on day one and then one tab daily for next 4 days Class: Print				

Vitals - Last Recorded

BP	Pulse	Temp
108/64	80	98.4 °F (36.9 °C) (Oral)

Progress Notes

Richa Uppal, MD at 4/6/2012 10:27 PM

Status: Signed

Subjective:

Patient ID: Bethany Coleman-Fire is a 28 y.o. female.

Chief Complaint

Patient presents with

- Nasal Congestion
Sinus pressure, onset Monday. Partially relieved by decongestants.
- Cough
- Sore Throat

Cough

This is a new problem. The current episode started 1 to 4 weeks ago. The problem has been gradually

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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 04/06/12

Progress Notes (continued)

Richa Uppal, MD at 4/6/2012 10:27 PM (continued)

worsening. The problem occurs every few minutes. The cough is productive of sputum. Associated symptoms include ear congestion, headaches, nasal congestion, postnasal drip, rhinorrhea and a sore throat. Pertinent negatives include no chest pain, chills, fever, heartburn, hemoptysis, myalgias, rash, shortness of breath, sweats, weight loss or wheezing.

Sore Throat

This is a new problem. The current episode started 1 to 4 weeks ago. The problem has been gradually worsening. The pain is moderate. Associated symptoms include coughing, headaches, a hoarse voice, a plugged ear sensation, swollen glands and trouble swallowing. Pertinent negatives include no drooling or shortness of breath.

Bethany does not have a problem list on file.

Bethany has a past medical history of Allergy and Immunotherapy (May 2006).

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• ferrous gluconate (FERGON) 324 MG tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	11

Bethany is allergic to cecilor.

Review of Systems

Constitutional: Positive for activity change. Negative for fever, chills and weight loss.

HENT: Positive for sore throat, hoarse voice, rhinorrhea, trouble swallowing and postnasal drip. Negative for drooling.

Respiratory: Positive for cough. Negative for hemoptysis, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for heartburn.

Musculoskeletal: Negative for myalgias.

Skin: Negative for rash.

Neurological: Positive for headaches.

Objective:

Physical Exam

Constitutional: She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear and ear canal normal. A middle ear effusion is present.

Left Ear: External ear and ear canal normal. A middle ear effusion is present.

Nose: Mucosal edema and rhinorrhea present. Right sinus exhibits maxillary sinus tenderness. Left sinus exhibits maxillary sinus tenderness.

Mouth/Throat: No uvula swelling. Posterior oropharyngeal edema and posterior oropharyngeal erythema present. No oropharyngeal exudate.

Skin: She is not diaphoretic.



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COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 04/06/12

Progress Notes (continued)

Richa Uppal, MD at 4/6/2012 10:27 PM (continued)

Assessment:

1. Sinusitis
2. Upper respiratory infection
3. Acute serous otitis media of both ears

Plan:

Use cough syrup, decongestants and steroids. Only if worse, use antibiotics. Drink fluids. Call if not better. Current outpatient prescriptions: ferrous gluconate (FERGON) 324 MG tablet, Take 1 tablet by mouth 3 (three) times daily., Disp: 90 tablet, Rfl: 11; azithromycin (ZITHROMAX) 250 MG tablet, Take 2 on day one and then one tab daily for next 4 days, Disp: 6 tablet, Rfl: 0; fluticasone (FLONASE) 50 MCG/ACT nasal spray, 2 sprays by Nasal route 2 (two) times daily., Disp: 16 g, Rfl: 2 guaifenesin-codelline (TUSSI-ORGANIDIN NR) 100-10 MG/5ML syrup, Take 10 mLs by mouth 3 (three) times daily as needed for Cough., Disp: 200 mL, Rfl: 0; prednisone (DELTASONE) 5 MG tablet, Take 2 tabs on day 1 and 2, then take one tablet daily for 2 days and then half tablet daily for 2 days and then stop, Disp: 7 tablet, Rfl: 0 pseudoephedrine (SUDAFED) 60 MG tablet, Take 1 tablet by mouth 2 (two) times daily as needed for Congestion., Disp: 30 tablet, Rfl: 0

Electronically signed by Richa Uppal, MD at 4/6/2012 10:31 PM

OP Notes

No notes found.

Other Orders (04/06/12 - 04/06/12)

azithromycin (ZITHROMAX) 250 MG tablet [2919717]

Expired

Ordering user: Richa Uppal, MD 04/06/12 1348
Frequency: 04/06/12 - 04/11/12 2359
Electronically signed by: Richa Uppal, MD 04/06/12 1348

Authorized by: Richa Uppal, MD

prednisone (DELTASONE) 5 MG tablet [2919715]

Expired

Ordering user: Richa Uppal, MD 04/06/12 1348
Frequency: 04/06/12 - 04/16/12 2359
Electronically signed by: Richa Uppal, MD 04/06/12 1348

Authorized by: Richa Uppal, MD

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COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:04/06/12

Other Orders (04/06/12 - 04/06/12) (continued)**fluticasone (FLONASE) 50 MCG/ACT nasal spray [2919716]****Expired**

Ordering user: Richa Uppal, MD 04/06/12 1348
Frequency: BID 04/06/12 - 365 Days
Electronically signed by: Richa Uppal, MD 04/06/12 1348

Authorized by: Richa Uppal, MD

pseudoephedrine (SUDAFED) 60 MG tablet [2919714]**Expired**

Ordering user: Richa Uppal, MD 04/06/12 1348
Frequency: BID PRN 04/06/12 - 10 Days
Electronically signed by: Richa Uppal, MD 04/06/12 1348

Authorized by: Richa Uppal, MD
PRN Reasons: Congestion

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.

Quality Assurance Report



Request Information

Report Date: March 24, 2015

RP ID: 2185397

Patient Name: COLEMAN-FIRE, BETHANY

Provider Name: PORTLAND CLINIC - SOUTH

Quality Assurance Information

Special Request: - Seen By: Dr. Richa Uppal

Special Request Included? YES

Secondary ID Confirmed? YES

QC Notes:

Chart Reviewed By: Duxx Dejaresco

From February 1, 2012 to Present

Nikol Niemeyer

From: Monica Harris
Sent: Friday, January 30, 2015 9:58 AM
To: Nikol Niemeyer; STPteam
Cc: Faxes Forwarded
Subject: Bethany Coleman-Fire
Attachments: A2e7193a7-34d9-4052-9323-7e63d78b3081.TIF

Follow Up Flag: Follow up
Flag Status: Flagged

Monica Harris | Disability Administrative Specialist | The Standard Standard Insurance Company
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3288 | Fax 971.321.0000 mharris3@standard.com |
www.standard.com

-----Original Message-----

From: RightFax Email Gateway
Sent: Friday, January 30, 2015 9:18 AM
To: Start Faxes
Subject: A new fax has arrived from 123+++++++ (Part 1 of 1) on Channel 10

1/30/2015 9:17:09 AM Transmission Record
Received from remote ID: 123+++++++
Inbound user ID STARTFAXES, routing code 8400
Result: (0/352;0/0) Successful Send
Page record: 1 - 2
Elapsed time: 00:44 on channel 10

Fax Images: [double-click on image to view page(s)]

STND 18-03985-000163

01/30/2015 10:18AM FAX 123-+++++

BAD

0002/0002

Standard Insurance Company

Employee Benefits Department 800.968.1195 Tel 971.321.8100 Fax
PO Box 2800 Portland OR 97208Long Term Disability Insurance
Attending Physician's Statement

Claimant's Name

Bethany Coleman - Fire

3. Assessment

Date you recommended patient should stop working No Why? Can work w/ accommodations

Describe the patient's physical, mental and cognitive limitations and work activity limitations Memory and concentration deficit
post concussion, fatigue, muscle spasms and pain

How long from today's date will the described limitations impair the patient? 3 months approximately but could be longer

Is the patient competent to manage insurance benefits? ☒ Yes ☐ No

If no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No

4. Treatment

Planned course of treatment. Please include expected duration, surgeries, therapy, etc. F/U with OHSU specialty care
for concussion & Dr. James Chestnut, cont counseling and
current medications

Medications prescribed: dosage, frequency and date of prescription(s). Bupropion SR 150mg q12h

List other treating or referring physicians. Continue on separate page, if necessary. Dr. James Chestnut, OHSU

Name	Address
1. <u>Dr. James Chestnut</u>	<u>OHSU</u>
Phone No. <u>(503) 494 4000</u>	City _____ State _____ ZIP _____
2. _____	City _____ State _____ ZIP _____
Phone No. _____	City _____ State _____ ZIP _____

What reasonable work or job site modifications could the employer make to assist the individual to return to work? Please specify.
Can work 75% of normal work load (per R) can be excused for visits to physical
therapy, office visits, counseling 1-2 weeks x 3 months. She will

Assessment and treatment are complicated by: be absent from work for above

☐ Misdiagnosis

☒ Significant emotional or behavioral disorder such as: ☒ Depression ☐ Anxiety ☐ Hysteria ☐ Other pertinent illness.

☐ Exaggeration, inconsistent findings, subjective complaints out of proportion to objective findings, bizarre or contradictory observations.

☐ Dependence on drug/alcohol. Please specify: _____

☐ Other please describe: _____

5. Prognosis

Describe patient's condition since onset of symptoms: ☐ Recovered ☒ Improved ☐ Unchanged ☐ Regressed

When do you expect a fundamental or marked change in patient's condition? ☐ Never ☐ Condition expected to regress ☒ Condition expected to improve

State anticipated date _____ or, Unable to determine, follow up in _____ months

When do you anticipate the patient can return to work? State anticipated date _____ or, Unable to determine, because of _____ follow up in _____ months

Remarks _____

6. Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 12 of this form.

Physician's Signature [Signature] Date 12/19/14

Physician's Name (Please Print) K. UPPAL Specialty IM

Address 800 SW 15th Av City Portland State OR ZIP 97205

Physician's Taxpayer ID No. X 930400952 Phone No. (503) 2210161 x 2457 Fax No. (503) 221-9057

Return to Standard Insurance Company at the address above.

SI 3379

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STND 18-03985-000164

LAST NAME, First Clinical Vestibular Lab March 8, 2014 2

Gaze..... Normal.

Optokinetic eye movements:

Optokinetic 20°/sec

20°/sec 17.0, 17.8°/sec (normal velocity >13.37°/sec, mean 22.52).

Eye Velocity Asymmetry..... Normal and symmetric. (Normal is <30%)

VNG:

Positional

Symptoms..... None reported.

Eye recordings..... Negative.

Right Dix-Hallpike

Symptoms..... None reported.

Video Observation No torsional nystagmus observed.

Eye recordings..... Negative.

Left Dix-Hallpike

Symptoms..... None reported.

Video Observation No torsional nystagmus observed.

Eye recordings..... Negative.

Headshake

Symptoms..... Rocking sensation.

Eye recordings..... Negative. No significant post-shake nystagmus observed.

Caloric

Response amplitude 12-23°/sec (normal is >10°/sec)

Caloric weakness..... 12%, in the right ear (normal range < 25%)

Directional preponderance 14%, to the right (normal range < 25%)

Vestibular Evoked Myogenic Potential (VEMP) studies:

Recognizable and reproducible waveforms corresponding to the Vestibular Evoked Myogenic Potential were elicited by auditory stimulation of each ear with 90 dBnHL rarefaction 500 Hz tone-burst stimuli.

Inter-amplitudes Right ear: 115.40 μ V (normal range 15-337 μ V)

..... Left ear: 56.92 μ V (normal range 15-337 μ V)

..... Difference = 34% (normal range <33%)

Latency..... Right ear: P1 = 17.67 msec (normal range 13-18 msec)

N1 = 28.00 msec (normal range 19-26 msec)

..... Left ear: P1 = 17.00 msec (normal range 13-18 msec)

N1 = 26.00 msec (normal range 19-26 msec)

Clinical Relevance of Test Results:

- Peripheral Audiological:Hearing sensitivity is normal for age. Word recognition in quiet is good at 96% correct for the right ear and 100% correct for the left.

LAST NAME, First

Clinical Vestibular Lab

March 4, 2014

3

- Evoked Potentials.....There is no evidence of increased endolymphatic pressure in either ear.
- CNS eye movement control.....Normal cortical, brainstem and cerebellar control of eye movements.
- Peripheral vestibular:Normal symmetric horizontal semicircular canal generation of compensatory eye movements. The absence of spontaneous or of significant positional nystagmus suggests normal function or adaptation. Hallpike tests do not confirm the presence of either posterior or anterior canal benign paroxysmal positional vertigo (BPPV).
- Vestibulocolic reflexes.....Bilaterally normal saccular and inferior vestibular nerve function. The minor asymmetry is unlikely to be clinically significant.




PHYSICIAN'S INTERPRETATION:

- 1.) This patient has normal hearing bilaterally
- 2.) There is no evidence of endolymphatic hydrops/Meniere's disease in either ear.
- 3.) The oculomotor examination is normal.
- 4.) There is no significant gaze evoked, spontaneous, positional or headshake evoked nystagmus.
- 5.) There is no objective evidence of benign paroxysmal positional vertigo (BPPV).
- 6.) Horizontal semicircular canal responses to caloric stimulation are normal.
- 7.) Vestibular evoked myogenic potentials are normal bilaterally consistent with normal saccular and inferior vestibular nerve function, with no evidence of superior semicircular canal dehiscence.

Jeffrey J. Brown, M.D., Ph.D.
Director, Audiology and Vestibular Laboratory
Legacy Good Samaritan Hospital

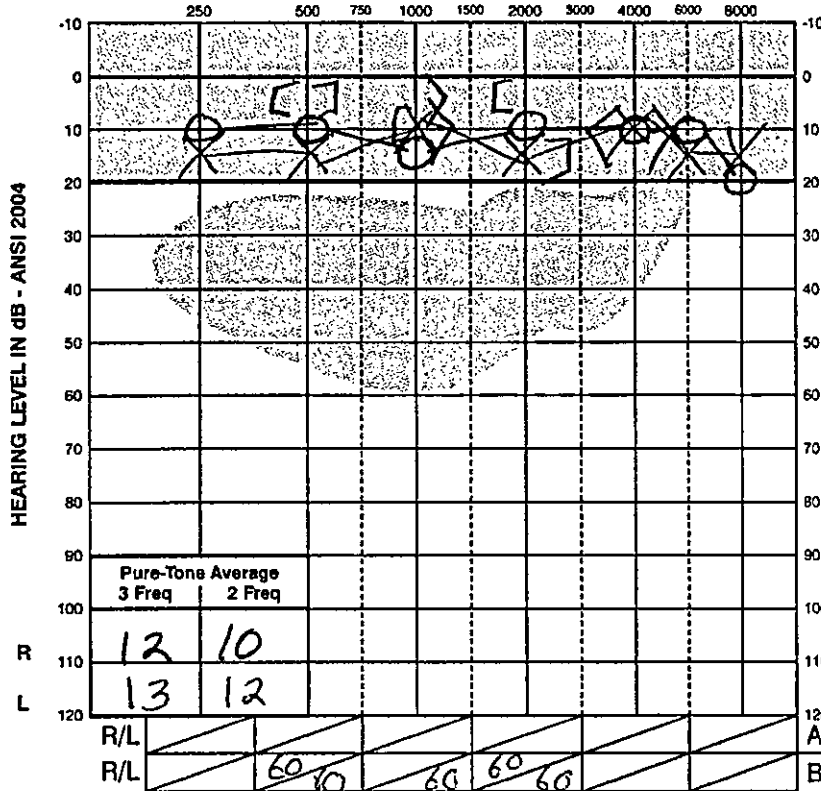
*Raw data available upon request.

197157 (8/12)

 LEGACY HEALTH SYSTEM Good Samaritan Hospital Audiology Services & Vestibular Laboratory 1040 N.W. 22nd Ave., #460, Portland, OR 97210 Phone: (503) 413-8154 Fax: (503) 413-6944	REFERRED BY: REASON FOR REFERRAL:	COLEMAN - FIRE, BETHANY DOB: [REDACTED] (30 yrs) Female MRN: 9500945404 CSN: 428792568 LGS VESTIB & AUDIOLOGY APT DT: 4/14/2014 	CLINIC LABEL 
	AGE SEX DATE	NAI AGE SEX DATE	

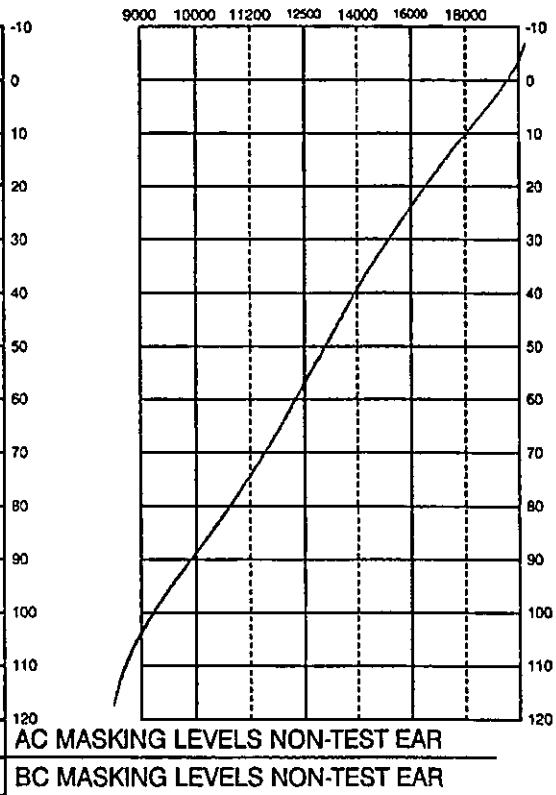
STANDARD PURE-TONE AUDIOMETRY

FREQUENCY IN HERTZ



EXTENDED HIGH FREQUENCY AUDIOMETRY

FREQUENCY IN HERTZ



☒ EAR-3A Insert Earphones ☐ TDH-50P Headphones

AUDIOGRAM CODE

Tinnitus: Right Left None
Description:

MODALITY	EAR		No Response	
	Right	Left	Right	Left
Air Conduction (Ear Phones)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unmasked	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Masked	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bone Conduction (Mastoid)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unmasked	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Masked	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Acoustic Reflex Thresholds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ipsilateral (uncrossed)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Contralateral (crossed)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
*U = Uncomfortable Loudness Levels (UCL)				
*S = Sound field (Both ears)				

Level (dB)	250	500
Weber		
Bing R		
Bing L		

Audiometer Used: GSI 61

SPEECH AUDIOMETRY

	SRT (dB)	MASK (dB)	WORD RECOGNITION (WR):						%	SL	HL
			%	SL	HL	MASK	%	SL			
R	10		96	30	40						
L	10		100	30	40						
SPEECH MATERIALS			SRT Lists: 451			CD <input type="checkbox"/> MLV <input checked="" type="checkbox"/>			CD <input type="checkbox"/> MLV <input checked="" type="checkbox"/>		
			WR Lists: CIDW-22			CD <input type="checkbox"/> MLV <input checked="" type="checkbox"/>					
			Test Reliability: Good			Fair			Poor		

Comments:

Hearing is WNL AU.

Audiologist:

[Signature] A.D.

PATIENT LABEL

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PART 1 of 2
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WEST PORTLAND NEUROLOGY

JEFFREY J. BROWN MD, PhD

1040 NW 22ND AVENUE, SUITE 630
PORTLAND, OREGON 97210

PHONE: 503-954-1566 FAX: 503-796-2742

April 3, 2014

Richa Uppal, M.D.
800 S.W. 13th Avenue
Portland, Oregon 97205

RE: Bethany L. Coleman-Fire (DOB: [REDACTED])

Dear Doctor Uppal:

Bethany Coleman-Fire is seen for evaluation of posttraumatic dizziness.

Bethany is a very nice 30 year-old bankruptcy attorney, who was injured while in a cross walk, on February 19, 2014, when she was struck by a car. She was thrown up onto the hood, striking and breaking the windshield of the car. She struck the left posterior head. There was no clear loss of consciousness, but she was momentarily dazed and was bleeding. She was taken to the Emanuel ED, where a CT scan showed a parietal scalp laceration, but no intracranial lesions. She was examined and released.

Subsequent to that, she had a strong positional vertigo. She was seen by physical therapy, who performed an Epley maneuver she thinks on the right side, which resolved that completely.

She has been bothered, however, by continued attacks of dizziness. This is hard for her to describe, but appears to be a combination of a woozy lightheaded sensation. There is a momentary loss of balance. It can occur randomly, perhaps once or twice a day lasting moments, but followed by a mild decreasing nausea or wooziness. There are some cognitive difficulties when it occurs and she wants to sit down.

It may be worse when she is stressed or when she gets up quickly from a chair. She has had no falls. There is associated loss of balance. She has had no fullness, ringing in the ears or hearing loss, and no further positional vertigo. Rapid movements seem to be a little more difficult for her. She is bothered in complex visual situations, when she is fatigued, and seemingly around her menses.

WWW.WESTPORTLANDNEUROLOGY.COM

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STND 18-03985-000168

RE: Bethany L. Coleman-Fire
April 3, 2014
Page 2

She is having chronic daily headaches. She does have a remote history of infrequent moderate to severe migraines, but these are very different in that they are bilateral, less intense, steady, not accompanied by nausea, vomiting or light sensitivity. Ibuprofen takes the edge off.

All of her symptoms seem to be improving gradually. She has had no further imaging since her ED visit. She has tried to go back to work unsuccessfully. Her tolerance for work and efficiency is somewhat limited.

She has been seen by Dr. Catherine Ellison, but did not feel that she got of her questions answered.

REVIEW OF SYSTEMS: She has noticed that she is very thirsty and drinking a lot of water, but is urinating normally since the accident. She denies any other potentially endocrine changes. There is no anosmia. She reports some paresthesias of the legs, which she thinks might be sciatica. She is having some anxiety and depression. She snores loudly at night.

PAST MEDICAL HISTORY: Her past medical history includes allergies. She is taking allergy injections twice a week. She has no surgical history.

MEDICATIONS: She is on no medications.

ALLERGIES: She does have a history of reaction to cephalosporin.

SOCIAL HISTORY: She is a nonsmoker. She lives with her wife. She never drinks alcohol. She is not getting any regular exercise. She is not currently driving.

FAMILY HISTORY: Her family history includes cancer, diabetes and migraine.

PHYSICAL EXAMINATION: She is an alert, healthy, intelligent woman, who is in no acute distress. Color is good. Skin is warm and dry. Capillary fill is normal. Heart rate is regular. There are no murmurs or bruits. Supine blood pressure is 110/80 and standing 120/80.

External auditory canals are clear. TMs are normal. There is normal hearing voice and forks.

Visual fields are full. Extraocular motions are normal. Saccades, pursuit and head thrust are normal. Pupils are equal and normally reactive. Optic fundi are benign. There is normal facial symmetry and sensation. Tongue protrusion is midline.

She has normal power, tone, rapid alternating and fine motor control in all limbs. She has normal light touch, joint position and vibration sense in all limbs. Finger-to-nose testing is normal and there is no past pointing. Romberg is negative.

RE: Bethany L. Coleman-Fire
April 3, 2014
Page 3

Heel, toe and tandem walking are normal. She veers to the left with the eyes closed walking and has a leftward rotating Fukuda test.

Gait is normal, with symmetric arm swing and smooth turns in both directions, although she hesitates a bit turning to the right as this feels odd to her.

Reflexes are briskly symmetric at 3+ at the knees, ankles, biceps and triceps.

VIDEO INFRARED OCULOGRAPHY: Under video infrared oculography, there is no resting or gaze evoked nystagmus. The VOR is symmetric. Ocular tilt reactions are normal. There is no post head shake nystagmus. Hallpike maneuvers are negative bilaterally.

IMPRESSIONS: Certainly her initial posttraumatic vertiginous dizziness is benign paroxysmal positional vertigo. It is possible that her current symptoms of episodic dizziness are a minor manifestation of some residual crystals laying in one of the semicircular canals, but these are not enough for me to absolutely make the objective diagnosis.

Her chronic daily headaches are likely a result of her mild concussion, and her dizziness is very possibly a result of this as well.

That being said, her lateralizing features in terms of rotating to the left walking and on Fukuda testing make me suspicious of a more fixed vestibular lesion such as a posttraumatic hydrops or vestibular neuronitis. I think it is worth further testing for this to include VNG, audiogram, electrocochleography, and evoked myogenic potentials, which I have ordered.

All of her symptoms are going to be getting better gradually in a waxing and waning fashion. With regards to this, about three months is a good time to think that she will be able to tolerate most of her activities. She needs to understand that she should not push through the wall when she becomes fatigued and needs to back off, her brain is healing, and she needs to rest a bit more. All of this was discussed with her.

I reviewed the pathophysiology of BPPV and the recovery pattern from mild concussion. I will see her back after her testing.

Sincerely yours,



Jeffrey J. Brown, M.D., Ph.D.
JJB:gts

WEST PORTLAND NEUROLOGY**JEFFREY J. BROWN MD, PhD**1040 NW 22ND AVENUE, SUITE 630

PORTLAND, OREGON 97210

PHONE: 503-954-1566 FAX: 503-796-2742

Patient: Bethany Coleman-Fire

DOB: [REDACTED]

Date: 4/3/14

VIDEO INFRARED OCULOGRAPHY PROCEDURE NOTE

Video binocular infrared oculography was performed at the bedside. Horizontal vertical and rotational eye movements were recorded in the standard fashion. The procedure was videotaped, reviewed and stored.

Procedures performed: 1) Fixed spontaneous and gaze evoked nystagmus in the dark. 2) Sinusoidal nystagmus testing of the horizontal and vertical vestibulo-ocular reflex (VOR) at low, medium and high frequencies, 3) Ocular tilt reaction testing, 4) Evaluation for post-headshake nystagmus, 5) Positional testing and 6) Bilateral Hallpike testing.

Description: There is no resting or gaze evoked nystagmus. The horizontal VOR at low, medium and high frequencies of rotation are normal and symmetric. Vertical VOR is normal. Ocular tilt reactions are normal. There is no post head shake nystagmus. Positional testing does not elicit symptoms or nystagmus. Hallpike maneuvers are negative bilaterally.

Impression: Normal video infrared oculography



Jeffrey J. Brown MD, PhD
Otoneurology

Quality Assurance Report



Request Information

Report Date: April 21, 2015

RP ID: 2253868

Patient Name: COLEMAN-FIRE, BETHANY

Provider Name: BROWN, DR JEFFREY

Quality Assurance Information

Special Request: - Seen By: BROWN, DR JEFFREY

Special Request Included? YES

Secondary ID Confirmed? YES

QC Notes: on pp 2-5, patient's DOB is [REDACTED] Enclosed are all records supplied by medical facility for requested dates of service

Chart Reviewed By: Jennifer Neyra

From February 1, 2012 to Present

Medical Record Request Complete

release **POINT** wfi

Customer Information

Report Date: March 24, 2015 RPID: 2185397
Client Name: Standard Group Benefits CLAIMS
Req. By: KM:Necole

Patient Information

Name: COLEMAN-FIRE, BETHANY
D.O.B.: [REDACTED] Policy/Cert: 00VW3181 KM:Necole
Special Requirements:
- Seen By: Dr. Richa Uppal

RECEIVED

Provider Information

Provider: PORTLAND CLINIC - SOUTH
6640 SOUTHWEST REDWOOD LANE
ATTN RELEASE OF INFORMATION/JACKIE
PORTLAND, OR 97224
Phone: (503) 620-7358 Fax: (503) 620-5348

MAR 25 2015
Employee Benefits

Electronic Order Data (If Applicable)

Patient Name: COLEMAN-FIRE, BETHANY
Patient DOB: [REDACTED]
Patient SSN: [REDACTED]
Policy Number: 00VW3181 KM:Necole

Provider Data: Dr. Richa Uppal
800 SW 13th Ave
Portland, OR 97205
503-221-0161

Uppal
4/12-5/15

EXHIBIT 1
PART 1 of 2
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Medical Record Request Complete



Customer Information

Report Date: May 5, 2015 RPID: 2253869
Client Name: Standard Group Benefits CLAIMS
Req. By: KM:Necole

Patient Information

Name: COLEMAN-FIRE, BETHANY
D.O.B.: [REDACTED] Policy/Cert: 00VW3181 KM:Necole
Special Requirements:
- Seen By: Ellison, Dr. Catherine
RECEIVED
MAY 06 2015

Provider Information

Provider: OREGON CLINIC
1600 NE BROADWAY
ATTN MEDICAL RECORDS - HEATHER
PORTLAND, OR 97232
Phone: (503) 963-3100 Fax: (503) 459-5398

Employee Benefits

Electronic Order Data (If Applicable)

Patient Name: COLEMAN-FIRE, BETHANY
Patient DOB: [REDACTED]
Patient SSN: [REDACTED]
Policy Number: 00VW3181 KM:Necole

Provider Data: Ellison, Dr. Catherine
5050 Ne Hoyt St STE 315

Portland, OR 97213
503-963-3100

Ellison
2/14-3/14

EXHIBIT 1
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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE, BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date: 03/02/15

Reason for Visit

Follow-up

Diagnoses

Reaction, adjustment, with anxious, depressed mood - Primary

Post concussion syndrome

Insomnia

Iron deficiency anemia

Medications

Ordered Medications

	Disp	Refills	Start	End
buPROPion (WELLBUTRIN XL) 300 MG 24 hr tablet	90 tablet	3	3/2/2015	3/1/2016
Sig - Route: Take 1 tablet by mouth every morning - Oral				
trazodone (DESYREL) 50 MG tablet	30 tablet	0	3/2/2015	4/1/2015
Sig - Route: Take 1 tablet by mouth nightly - Oral				

Vitals - Last Recorded

BP	Pulse	Wt	LMP
128/72	76	193 lb 9.6 oz (87.816 kg)	02/16/2015

Vitals History Recorded

Progress Notes

Richa Uppal, MD at 3/2/2015 8:10 AM

Status: Signed

Chief Complaint

Patient presents with

- Follow-up

History of presenting illness: F/u mo. Has been working 3/4 time. Doing counseling for a month which is helpful. Has a new counselor. Prior was not a very good fit. Does not feel 100%. Peters out at work in the afternoon. Needs paperwork filled for extending part time work. Exercising almost daily which helps. Has neuropsych testing coming up this months which will dictate plan moving forward.

Rx may be interfering with sleep. Several times a night has been having early awakening and awakening during the night.

Patient is taking iron po as instructed. Has not helped with energy so far.

Medications:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• [DISCONTINUED] buPROPion	TAKE 1 TABLET BY MOUTH	180 tablet	1

Printed on 3/9/2015 11:14 AM

EXHIBIT 1
PART 1 of 2
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TPC ROI SERVICE AREA
6640 SW Redwood Ln
PORTLAND OR 97224
ROI Enc Notes Report

COLEMAN-FIRE,BETHANY
MRN: 202396
DOB: [REDACTED] Sex: F
Enc. Date:03/02/15

Progress Notes (continued)

Richa Uppal, MD at 3/2/2015 8:10 AM (continued)

(WELLBUTRIN SR) 150 MG 12 hr TWICE DAILY
tablet

Allergies:

Allergies

Allergen

Reactions

- Ceflor [Cefaclor]
As a child

Active Ambulatory Problems

Diagnosis

Date Noted

- | | |
|--|------------|
| • History of concussion | 07/11/2014 |
| • Vertigo due to concussion | 07/11/2014 |
| • Reaction, adjustment, with anxious, depressed mood | 09/16/2014 |
| • Headache | 09/16/2014 |
| • Neck muscle spasm | 09/16/2014 |
| • Weight gain | 09/16/2014 |
| • Post concussion syndrome | 09/16/2014 |
| • Vitamin D deficiency | 12/12/2014 |
| • Iron deficiency anemia | 12/12/2014 |

Resolved Ambulatory Problems

Diagnosis

Date Noted

- No Resolved Ambulatory Problems

Past Medical History

Diagnosis

Date

- | | |
|--|----------|
| • Allergy | |
| • Immunotherapy | May 2006 |
| • Breast cancer screening, high risk patient | |
| • High risk of ovarian cancer | |
| • H/O mammogram | |

Past social history:

History

Substance Use Topics

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |
| • Alcohol Use: | No |

Comment: Occassionally

Printed on 3/9/2015 11:14 AM

EXHIBIT 1
PART 1 of 2
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The Oregon Clinic, P. C.
1111 NE 99th Ave, Portland, OR 97220
Phone: 5039358000 Fax:

April 23, 2015
Page 1
Append

Bethany Coleman-Fire 31 Years Old Female DOB: [REDACTED] ID: 1511031
PCP: Uppal MD, Richa Ref Prov: Richa Uppal, MD Phone: (503) 220-5097 Fax: (503) 220-5097
Primary Ins: Self Pay

03/03/2014 - Office Visit: NEW: Head traum, Naus, HA, sleepy, ?MCI Neuro Visit - TNC West
Provider: Catherine Ellison MD
Location of Care: The Oregon Clinic, Neurology - West

NEW PATIENT VISIT

Type of Visit: New Patient, requested by Richa Uppal, MD
Chief Complaint: Headaches, dizziness post concussion
Patient accompanied by: Partner
Right Handed

HISTORY OF PRESENT ILLNESS

The patient reports that 2/19 she was walking her dog.... partner witnessed subsequent events. She was hit by a car while in a crosswalk.... The vehicle was going 25 MPH...her head hit the windshield...she was thrown and landed 20 feet away... Her head then hit the pavement and she had road rash on scalp... Knocked head on pavement and windshield both. She doesn't remember all of this... short time out of consciousness probably... EMTs got her and EH ER saw her. No fractures. CT brain normal. D/c'd home. Lots of contusions, etc.

The other driver was holding cel phone and they suspect talking or texting while driving. The patient's white dog was ahead of them in the crosswalk, not a difficult to see animal... Partner was not hit...

EHER did CT scan and assessed her, no fractures found. Urine tests. Observation. She was having a lot of nausea... Vertigo initially.

P.T. did movements of the head for her and the vertigo was gone. She still wakes a little dizzy. Feels off kilter....out of focus. Unpleasant version of being moderately buzzed. Worse on waking or after nap. Nausea remains minimal.. Persistent mild HA which is high occipital and retroorbital... Migratory. Persistent mild dull HA all the time. These intermittently worse HAs are a of a soreness quality. Tingling would be on the head/cheek. Associated numbness in cheek in past 4 days off and on. R cheek. Doesn't need med for HA. Worse in the mornings. Soft tissue damage in neck. P.T. is still working on this cervical strain. She feels fatigued. Sleeping a ton. Has not been at work yet. Things are exhausting.... Going out to dinner was even too much for her..

Listening to audio books OK. Forms were difficult to fill out. She has not tried work yet....

PAST HISTORY

See medical history form and problem list

REVIEW OF SYSTEMS

Neurological: *Positive for* Headaches, Numbness/tingling; *Denies* Headaches, Seizures, Passing out, Weakness, Numbness/tingling, Speech difficulty, Imbalance/Falls, Memory problems, Movements/Tremors, Sleep problems.

General: *Positive for* Daytime Sleepiness; *Denies* Chills, Fever, Daytime Sleepiness, Weight gain or loss.

Allergy: *Positive for* Environmental allergy; *Denies* Environmental allergy; *Comments:* Hay fever.

Ears Nose Throat: *Denies* Hearing loss, Ringing in ears.

Eyes: *Denies* Eye pain/pressure, Vision changes, Double Vision, Sudden loss of vision.

Gastrointestinal: *Denies* Difficulty swallowing, Nausea/Vomiting, Heartburn.

Genitourinary: *Denies* Problems urinating, Loss of bladder control, Frequent urination, Menstrual issues.

Musculoskeletal: *Positive for* Neck pain; *Denies* Back pain.

Psychological: *Denies* Sad most of the time, Restless or Irritable, Anxious or nervous.

Respiratory: *Denies* Cough, Wheezing, Coughing up phlegm or blood, Shortness of breath.

RP Date ID: Mar 3 2014

The Oregon Clinic, P. C.
1111 NE 99th Ave, Portland, OR 97220
Phone: 5039358000 Fax:

April 23, 2015
Page 2
Append

Bethany Coleman-Fire 31 Years Old Female DOB: [REDACTED] ID: 1511031
PCP: Uppal MD, Richa Ref Prov: Richa Uppal, MD Phone: (503) 220-5097 Fax: (503) 220-5097
Primary Ins: Self Pay

Foot pain related to the MVA. Numbness R face. Day after the MVA the pupils were asymmetric and L eyelid drooped. Bad HA then... Migr with periods mild.
See scanned form for further positive/negative responses.

UPDATED MEDICATIONS AS OF END OF VISIT

CYCLOBENZAPRINE HCL 5 MG TABS (CYCLOBENZAPRINE HCL) 1 tab po daily
Supplements: Tylenol

ALLERGIES

CECLOR (Critical)

SOCIAL HISTORY

Status: Married
Living Situation: With wife
Work: Employed full time
Job: Attorney for business bankruptcies
Driving Status: Yes
Smoking Status: Never smoker
Have you ever used other tobacco or nicotine products? No
Alcohol: Stopped
Caffeine: Occasionally
Marijuana: Stopped
Street Drugs: Never
Comments: No children.

FAMILY HISTORY

See medical history form

See scanned form for more details of Past History, Review of Systems, Family History and Surgical History.

VITALS

Weight: 185 lbs, Height: 67 in, BMI: 29
Heart Rate: 72/min, BP: 128/87 mm Hg (right arm)

PHYSICAL EXAM

Constitutional: The patient appears stated age. Normal development. Normal body habitus.

Neurological and Musculoskeletal

Mental status: Alert and oriented. Good memory and attention. Language fluent. Average fund of knowledge.

Significant Findings:

See yellow exam form.

DATA REVIEWED

NeuroImaging

CT brain EH normal images rev'd with patient. See scanned in report.
I have reviewed the actual images on March 3, 2014.

Outside Records

PCP chart notes rev'd.

RP Date ID: Mar 3 2014

The Oregon Clinic, P. C.
1111 NE 99th Ave, Portland, OR 97220
Phone: 5039358000 Fax:

April 23, 2015
Page 3
Append

Bethany Coleman-Fire 31 Years Old Female DOB: [REDACTED] ID: 1511031
PCP: Uppal MD, Richa Ref Prov: Richa Uppal, MD Phone: (503) 220-5097 Fax: (503) 220-5097
Primary Ins: Self Pay

EH ER notes rev'd.

Other Tests

2/20/14 C spine xrays reported normal from Portland Clinic.

PROBLEMS

Hx of PTOSIS (ICD-374.30)
ANXIETY STATE NOS (ICD-300.00)
LUMBAGO (ICD-724.2)
CERVICALGIA (ICD-723.1)
NAUSEA (ICD-787.02)
SOMNOLENCE (ICD-780.09)
PARESTHESIA (ICD-782.0)
Hx of VERTIGO (ICD-780.4)
CERVICAL STRAIN (ICD-847.0)
POSTCONCUSSION SYNDROME (ICD-310.2)
HEADACHE, POST TRAUMATIC (ICD-784.0)
HEAD TRAUMA, HX OF (ICD-V15.59)

IMPRESSION

1. Post head trauma/post concussion symptoms. Ms. Coleman-Fire had two back to back head injuries on 2/19/14 with likely brief loss of consciousness and subsequent symptoms. She has had normal CT brain imaging and cervical xrays. Her neurologic exam is normal. She reports ongoing HA. There was initial vertigo relieved with Epley maneuver by P.T. She continues some nausea, headache, and a lot of fatigue. She is sleeping many hours a day. There has been a little difficulty with cognitive processing and at this point hard to say how much of a problem this is going to be for her. I encouraged her to gently start challenging herself with reading, etc. Obviously her work entails a great amount of mental processing which we are hoping will not have been threatened by this injury. If she finds difficulties as she goes along she will contact this office. F/u is planned in 1 month.
2. Post traumatic headache, migratory, mild, but present. Simple OTC analgesics can be used.
3. Nausea ongoing and mild. She had ondansetron available.
4. History of ptosis L eye which was worse after the head trauma (foto shown by partner). This has resolved, but the patient does have a mild baseline ptosis chronic. Would just keep an eye on this... there is nothing to suggest cranial neuropathy. No pupillary asymmetry. Vision has been fine.
5. Cervical strain. Physical therapy advised.
6. R facial paresthesias. This has been intermittent and mild. If it persists we may need to consider MRI imaging of the brain. This may be direct result of her trauma. There is good sensation on exam and no facial weakness.

Thank-you to Dr. Uppal for referring Ms. Coleman-Fire to the Oregon Clinic Neurology Division for evaluation.

Catherine M. Ellison, M.D. March 4, 2014 7:40 AM

Return to Clinic: 1 month
Duration: 15 min
Total time for visit: 60
Copy to Uppal MD, Richa
Dictated No

Electronically signed by Catherine Ellison MD on 03/04/2014 at 7:44 AM

RP Date ID: Mar 5 2014

The Oregon Clinic, P. C.
1111 NE 99th Ave, Portland, OR 97220
Phone: 5039358000 Fax:

April 23, 2015
Page 4
Append

Bethany Coleman-Fire 31 Years Old Female DOB: [REDACTED] ID: 1511031
PCP: Uppal MD, Richa Ref Prov: Richa Uppal, MD Phone: (503) 220-5097 Fax: (503) 220-5097
Primary Ins: Self Pay

03/05/2014 - Append: NEW: Head traum, Naus, HA, sleepy, ?MCI Neuro Visit - TNC West
Provider: Abigail Gonzalez
Location of Care: The Oregon Clinic, Neurology - West

Faxed to listed provider with health questionnaire and neuro exam form.

Electronically signed by Abigail Gonzalez on 03/05/2014 at 10:31 AM

The Portland Clinic800 SW 13th Avenue
Portland, OR 97205
503.221.0161**Imaging Result**

Name:	DOR:	MRN:
Coleman-Fire, Bethany	[REDACTED]	202396
Procedure(s) Performed:	Exam Date:	Accession Number:
XR Cervical Spine, AP and Lateral	02/20/2014	915551
Ordering Provider:	Authorizing Provider:	CC Rectipients:
	Richa Uppal	

XR CERVICAL SPINE, AP LATERAL 915551

CLINICAL INDICATIONS: MVA, neck sprain.

COMPARISON: None.

FINDINGS: The vertebral alignment is maintained. The vertebral heights and intervertebral disc spaces are within normal limits.

There is no evidence of acute compression fracture.

IMPRESSION:
Negative exam.

If there is continued pain or clinical concern for acute osseous abnormality then a CT scan is recommended for further evaluation.

Jeffrey T Hal, MD
The Portland Clinic

Signed By: JEFFREY T. HAL, MD on 2/21/2014 10:30 AM

EXHIBIT 1**PART 1 of 2**Page 1 of 1
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2014-02-25 10:15TPC MED D 5032205097 >> 503-459-5398
P 10/10

RP Date ID: Feb 19 2014

Page 1 of 2

1511031



LEGACY EMANUEL EMERGENCY DEPARTMENT
2801 N Gantenbein Ave
Portland OR 97227-1823
503-413-4121

Bethany Coleman-Fire
DOB: [REDACTED] DOS: 2/19/2014
MRN: 9500945404
CSN: 427935987

CT Head wo Contrast

Status: Final result

PACS Image Quick View

Show images for CT Head wo Contrast

Signed By

Signed	Date/Time	Phone	Pager
QAISI, WALEED G	Feb 19, 2014 9:38 AM PST	503-413-4161	

Study Result**EXAM: CT HEAD WITHOUT CONTRAST**

CLINICAL DATA: Headache after head injury as a pedestrian struck by motor vehicle

COMPARISON STUDIES: None.

PROCEDURAL TECHNIQUE: Unenhanced axial 5 mm scans from the skull base to the vertex

FINDINGS: Mild left posterior parietal scalp hematoma without associated calvarial fracture. No acute intracranial hemorrhage, mass effect or midline shift with normal appearance of the ventricles and CSF pathways. The included paranasal sinuses and mastoid air cells are clear.

IMPRESSION:

1. Left posterior parietal scalp injury without acute intracranial abnormality.

Verified by Waleed Qaisi, MD on 2/19/2014 9:38 AM

images reviewed & pt agree to report.

[Signature]

Result Tracking

Route Status	Date/Time	In Basket Recipients	Fax	Fax Number
Routed using only CC list [2]	Wed Feb 19, 2014 9:40 AM PST			

External Result Report**External Result Report**

LEGACY EMANUEL EMERGENCY DEPARTMENT
2801 N Gantenbein Ave
Portland OR 97227-1823
503-413-4121

Bethany Coleman-Fire
DOB: [REDACTED] DOS: 2/19/2014
MRN: 9500945404
CSN: 427935987

CT Head wo Contrast (Order 84149910)

Imaging
: 84149910

Date: 2/19/2014
Released Faroghi, Arman, MD
By/Authorizing:
Department: Lemc Ed

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
2/19/2014 7:20 AM	2/19/2014 7:20 AM	2/19/2014 7:21 AM	2/19/2014 7:21 AM

StudyNote:2/19/14 7:27 AM Rachel A Benson: HCG ordered

Order Details

Frequency	Duration	Priority	Order Class
1 TIME IMAGING	1 occurrence	STAT	Hospital Performed

Order Providers

Coleman-Fire, Bethany (MR # 9500945404) Printed by [P01370] at 3/3/14 10:00 AM

EXHIBIT 1
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STND 18-03985-000182

Quality Assurance Report



Request Information

Report Date: May 5, 2015

RP ID: 2253869

Patient Name: COLEMAN-FIRE, BETHANY

Provider Name: OREGON CLINIC

Quality Assurance Information

Special Request: - Seen By: Ellison, Dr. Catherine

Special Request Included? YES

Secondary ID Confirmed? YES

QC Notes: Enclosed are all records supplied by medical facility
for requested dates of service

Chart Reviewed By: Jennifer Neyra

From February 1, 2012 to Present

Medical Record Request Complete



Customer Information

Report Date: April 26, 2015 RPID: 2185399
 Client Name: Standard Group Benefits CLAIMS
 Req. By: KM:Necole

Patient Information

Name: COLEMAN-FIRE, BETHANY
 D.O.B.: [REDACTED] Policy/Cert: 00VW3181 KM:Necole
 Special Requirements:
 ***FEE APPROVED UP TO \$100.00 AS LONG AS FEE IS IN ACCORDANCE WITH OREGON
 STATE STATUTES*** Admin and discharge records only please. -Seen by:
 Legacy Emmanuel ER

Provider Information

Provider: LEGACY EMANUEL HOSPITAL
 2801 N. GANTENBEIN AVENUE
 ATTN: HIM ROOM B 045 DEBBIE T.
 PORTLAND, OR 97227
 Phone: (503) 413-2200 Fax: (503) 413-4671

Electronic Order Data (If Applicable)

Patient Name: COLEMAN-FIRE, BETHANY
 Patient DOB: [REDACTED]
 Patient SSN: [REDACTED]
 Policy Number: 00VW3181 KM:Necole

Provider Data: Legacy Emmanuel ER
 2801 N Gantenbein Ave
 Portland, OR 97227
 503-413-2200

RECEIVED
 APR 27 2015
 EMPLOYEE BENEFITS

EXHIBIT 1
 PART 1 of 2
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RP Date ID: Feb 19 2014

ID CONFIRMED

LEGACY
HEALTH

LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

Patient Demographics

Name Coleman-Fire, Bethany L	Patient ID 9500945404	SSN [REDACTED]	Sex Female	Birth Date [REDACTED]
Address 4834 NE 17TH AVE PORTLAND OR 97211	Phone 503-320-9564 (H) 503-320-9564 (M)	E-Mail Bethany.coleman@gmail. com	Employer OTHER-DAVIS WRIGHT TREMAINE	
Race White or Caucasian	Occupation lawyer	Emp Status Full Time		
Reg Status Verified	PCP Uppal, Richa, MD			
Marital Status Domestic Partner	Religion None	Language English		
Interpreter ? No				

Hospital Account

Name Coleman-Fire, Bethany L	Acct ID 501452448	Class Emergency	Status Billed	Primary Coverage MVA LIBERTY MUTUAL - MVA LIBERTY MUTUAL
---------------------------------	----------------------	--------------------	------------------	---

Guarantor Account (for Hospital Account #501452448)

Name Coleman-Fire, Bethany L	Relation to Pt Self	Service Area LHS	Active? Yes	Acct Type Third Party Liability
Address 4834 NE 17TH AVE PORTLAND, OR 97211	Phone 503-320-9564(H)			

Coverage Information (for Hospital Account #501452448)**1. MVA LIBERTY MUTUAL/MVA LIBERTY MUTUAL**

F/O Payor/Plan MVA LIBERTY MUTUAL/MVA LIBERTY MUTUAL	Precent #
Subscriber Coleman-Fire, Bethany L	Subscriber # 02911948301
Address PO BOX 1052 MONTGOMERYVILLE, PA 18936	Phone 800-208-3045

2. BLUE CROSS/BLUE CROSS OR PPP/PPO NETWORK

F/O Payor/Plan	Precent #
----------------	-----------

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000185

RP Date ID: Feb 19 2014

LEGACY
HEALTHLEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

BLUE CROSS/BLUE CROSS OR PPP/PPO NETWORK

Subscriber
Coleman-Fire, Bethany L
Address
PO BOX 30805
SALT LAKE CITY, UT 84130-0805Phone
800-228-0978Subscriber #
DWN130104900

Chief Complaint

None

Final Diagnoses (ICD-9-CM)

Principal	Code	Name	POA	CC	HAC	Affects DRG
[P]	850.0	Concussion with no loss of consciousness				
	782.0	Disturbance of skin sensation				
	910.0	Face, neck, and scalp, except eye, abrasion or friction burn, without mention of infection				
	923.20	Contusion of hand(s)				
	787.02	Nausea alone				
	784.0	Headache(784.0)				

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/19/2014 11:21 AM	*Disch To Home Or Self Care	Home	None	Lemc Ed

Best possible list obtained On: 2/19/2014 By:
Faroghi, Arman, MD

Allergies as of 2/19/2014

Allergen	Noted	Reaction Type	Reactions
Cecilor [Cefactor]	02/19/2014	Not Verified	Nausea Only

Patient History

Medical as of 2/19/2014 **None**

Surgical as of 2/19/2014 **None**

Family as of 2/19/2014 **None**

Family Status as of 2/19/2014 **None**

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 2/19/2014	Never Assessed	Provider		0.0	0.0				Unknown	

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Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]EXHIBIT 1
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STND 18-03985-000186

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

Alcohol Use as of 2/19/2014	Alcohol Use Yes	Source Provider	Drinks/Week	Alcohol/Wk	Comments
--------------------------------	--------------------	--------------------	-------------	------------	----------

Drug Use as of 2/19/2014	Drug Use No	Source Provider	Types	Frequency 0.00	Comments
-----------------------------	----------------	--------------------	-------	-------------------	----------

Sexual Activity as of 2/19/2014	Sexually Active Not Asked	Source Provider	Birth Control	Partners	Comments
------------------------------------	------------------------------	--------------------	---------------	----------	----------

Social ADL as of 2/19/2014	ADL Question **None**	Response	Comments	Source
-------------------------------	--------------------------	----------	----------	--------

Occupational as of 2/19/2014	**None**
---------------------------------	----------

Socioeconomic as of 2/19/2014	Marital Status Domestic Partner	Spouse Name	Num of Children	Years Education	Source
	Preferred Language English	Ethnicity Non-Hispanic	Race White or Caucasian		

Pertinent Negatives

Medical as of 2/19/2014	**None**
----------------------------	----------

Surgical as of 2/19/2014	**None**
-----------------------------	----------

Medication List

Notice

You have not been prescribed any medications.

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission
-	2/19/2014 07:07	4-Non-Urgent	Ambulance	Other	Emergency	Emergency

Arrival Complaint
Auto vs Ped

ED Disposition

Discharge

Discharge Summaries

No notes of this type exist for this encounter.

History & Physicals

No notes of this type exist for this encounter.

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Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

Emanuel
Hosp
2/14

EXHIBIT 1
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STND 18-03985-000187

RP Date ID: Feb 19 2014

LEGACY
HEALTHLEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014**Operative/Procedure Notes**

No notes of this type exist for this encounter.

Delivery Summary

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

ED Notes**ED Provider Notes by Faroghi, Arman, MD at 02/19/14 0708**

Author: Faroghi, Arman, MD

Service: (none)

Author Type: Physician

Filed: 02/19/14 1623

Note Time: 02/19/14 0708

Status: Signed

Editor: Faroghi, Arman, MD (Physician)

Chief complaint:

Car versus pedestrian accident

History:

Bethany Coleman-Fire is a 30 y.o. female who presents via EMS post MVA. Pt was crossing the street and was hit by a car (Honda Civic) on the R side of body, pushed windshield in. C/o of HA and L index finger pain and numbness (which is resolving), L knee soreness and ankle pain. Both elbows feel "sore". No LOC. LMP 3 wks ago. No back, chest or abd pain.

Allergic to C-clor ?

Patient is a 30 y.o. female presenting with injury. The history is provided by the patient and the EMS personnel.

Injury

The incident occurred just prior to arrival. The incident occurred in the street. The injury mechanism was a direct blow. The injury was related to a motor vehicle. The wounds were not self-inflicted. No protective equipment was used. She came to the ER via EMS. EMS found her alert. EMS found her breathing to be normal. EMS reported her pulse was strong. There is an injury to the head. There is an injury to the right elbow and left elbow. There is an injury to the left index finger. The pain is moderate. It is unlikely that a foreign body is present. Associated symptoms include nausea, headaches and tingling (Transient tingling to the left index finger, now resolved.). Pertinent negatives include no chest pain, no numbness, no visual disturbance, no abdominal pain, no bowel incontinence, no vomiting, no bladder incontinence, no hearing loss, no inability to bear weight, no neck pain, no focal weakness, no decreased responsiveness, no light-headedness, no loss of consciousness, no seizures, no weakness, no cough, no difficulty breathing and no memory loss. There have been no prior injuries to these areas. Handedness: Global. Her tetanus status is UTD. She has been behaving normally. There were no sick contacts. She has received no recent medical care.

Meds: none

Allergies: Ceclor

Surgical History: No previous surgical history

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

2/14
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STND 18-03985-000188



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

ED Notes (continued)

Past Medical History: Past medical history has been reviewed and is not relevant for today's visit. No hx of DM, HTN, MI, CHF.

The patient does not have a smoking history on file. She does not have any smokeless tobacco history on file. She reports that she drinks alcohol. She reports that she does not use illicit drugs.

The patient's family history has been reviewed by me and is not relevant to today's visit.

I have reviewed RN note and agree with past medical and social history unless otherwise noted.

ROS:

Review of Systems

Constitutional: Negative for activity change and decreased responsiveness.

HENT: Negative for hearing loss, sore throat, rhinorrhea, neck pain, neck stiffness and ear discharge.

Eyes: Negative for discharge and visual disturbance.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Positive for nausea. Negative for vomiting, abdominal pain, diarrhea and bowel incontinence.

Genitourinary: Negative for bladder incontinence, dysuria, vaginal bleeding and vaginal discharge.

LMP 3 weeks ago.

Musculoskeletal: Negative for myalgias, back pain and arthralgias.

L Index finger pain. Soreness in bilateral elbows.

Skin: Positive for wound (scalp abrasion). Negative for rash.

Neurological: Positive for tingling (Transient tingling to the left index finger, now resolved.) and headaches. Negative for focal weakness, seizures, loss of consciousness, weakness, light-headedness and numbness.

Psychiatric/Behavioral: Negative for memory loss.

All other systems reviewed and are negative.

Physical Exam:

BP 144/77 | Pulse 73 | Temp 36.6 °C (97.9 °F) (Oral) | Resp 16 | SpO2 100%

Physical Exam

Nursing note and vitals reviewed.

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress. Cervical collar and backboard in place.

Vitals are normal.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist.

No hemotympanum. No racoon's eyes or battles sign. No epistaxis. Dried blood noted in R nare. No septal hematoma. No facial Bony tenderness. No dental tenderness. Midface is stable. No

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

ED Notes (continued)**malocclusion.****Face non-tender with exception of mild tenderness over R zygomatic arch.****Vertex of scalp abrasion but no suturable lac.**

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Pupils 3 mm bilaterally.

Neck: Normal range of motion. Neck supple. No spinous process tenderness present.

No c-spine tenderness, no soft tissue tenderness. C-spine cleared clinically.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.

No chest tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness. There is no rebound and no guarding.

Pelvis stable to compression.

Musculoskeletal: Normal range of motion. She exhibits no edema.

FROM of upper and lower extremities with mild soreness. Mild ecchymosis and swelling over L 2nd MCP. No midline cervical, thoracic, or lumbar tenderness. No step-off. No deformity. Normal distal radial/ulnar/median motor/sensory exam.

Neurological: She is alert and oriented to person, place, and time. She has normal strength. No cranial nerve deficit or sensory deficit. GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6.

Gross motor and sensory intact.

Skin: Skin is warm and dry. No rash noted.

Psychiatric: She has a normal mood and affect.

Procedures:

Procedures

ED Course:

Patient is a 30 y.o. female with no significant PMHx who is being seen in the ED for evaluation post MVA where she was hit by a car while crossing the street. C/o global HA. No LOC, amnesia. No neck pain. She has mild pain in L second MCP area. Denies chest pain, dyspnea, abd pain. Had some L index finger tingling which is no resolved. LMP 3 wks ago.

Physical exam is significant for NAD. Dried blood in nares. No active epistaxis. Mild R temple and maxillary tenderness. No c-spine tenderness. No c/w tenderness. Abd is benign. Mild L 2nd MCP tenderness. Neuro non-focal. Concerns are for CHI. Doubt skeletal fracture. Will obtain UPT to evaluate for pregnancy. Urine dip to evaluate for renal contusion, head CT to evaluate for traumatic injury considering the mechanism of injury and HA. Will treat symptomatically and reassess.

UPT is neg. Head CT showed left posterior parietal scalp injury without ICH or skull fx. UA shows no evidence of renal contusion. Noted WBC 5-10, leukoesterase 2+ and nitrite negative but patient is asymptomatic and this does not warrant treatment for UTI. Overall clinical picture is consistent with post concussive syndrome and scalp abrasion and contusion. Adequate symptom control after antiemetics. Reassuring serial neurologic exam. Patient feels comfortable with going home. We will discharge patient home with CHI instructions and return precautions given.

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000190

RP Date ID: Feb 19 2014

LEGACY
HEALTHLEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014**ED Notes (continued)**

07:19 Zofran 4 mg ODT

07:19 Tylenol 1 g PO

08:52 Pt continues to feel nauseated, will give additional Zofran.

08:53 Zofran 4 mg ODT

09:55 CT Head shows "left posterior parietal scalp injury without acute intracranial abnormality". UPT negative.

10:03 Pt reevaluated. Continued nonfocal neuro exam. Pt ambulated with no difficulty. Reports mild dizziness and mild nausea but much improved.

10:24 Pt continuing to feel nauseous. Will give additional Zofran. Will also give water, if unable to keep down will consider admission to CDU.

10:25 Zofran 2 mg ODT

10:51 Pt reassessed. Pt is feeling improved and is stable and agreeable with discharge to home. All questions answered and return precautions given at bedside and in discharge instructions. Patient was able to ambulate without difficulty.

Labs Reviewed**URINALYSIS AND MICROSCOPIC - Abnormal; Notable for the following:**

UA Blood	Trace (*)
UA Leukocyte Esterase	2+ (*)
UA WBC/hpf	5-10 (*)
UA Bacteria	Rare (*)

All other components within normal limits

_POCT URINE DIPSTICK INSTRUMENT - Abnormal; Notable for the following:

U Leuk Esterase POCI	2+ (*)
U Blood POCI	Trace (*)

All other components within normal limits

POCT URINE HCG QUALITATIVE

POCT URINE DIPSTICK

Diagnosis / Disposition:

1. Concussion
2. Scalp abrasion
3. Contusion of left hand

ED Discharge Prescriptions

ONDANSETRON (ZOFTRAN-ODT) 4 MG DISINTEGRATING TABLET Take 1 tablet by mouth Every 6 Hours As Needed for Nausea.

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire

DOB: [REDACTED] CSN: 427935987

Printed by: DT [35265]

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STND 18-03985-000191

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

ED Notes (continued)

Quantity: 10 tablet

Refills: 0

Condition: Stable**Disposition:** Discharge to Home.

Electronically signed by Faroghi, Arman, MD at 02/19/14 1623

ED Notes by McElreath, Michelle L, RN at 02/19/14 0720

Author: McElreath, Michelle L, RN Service: (none)
Filed: 02/19/14 0920 Note Time: 02/19/14 0720
Editor: McElreath, Michelle L, RN (Registered Nurse)

Author Type: Registered Nurse
Status: Signed

C-Collar removed by MD, 3 person assist with log roll off of backboard.

Electronically signed by McElreath, Michelle L, RN at 02/19/14 0920

ED Notes by McElreath, Michelle L, RN at 02/19/14 0725

Author: McElreath, Michelle L, RN Service: (none)
Filed: 02/19/14 0725 Note Time: 02/19/14 0725
Editor: McElreath, Michelle L, RN (Registered Nurse)

Author Type: Registered Nurse
Status: Signed

SO at bedside.

Portland Police Officer at bedside.

Electronically signed by McElreath, Michelle L, RN at 02/19/14 0725

ED Notes by McElreath, Michelle L, RN at 02/19/14 0712

Author: McElreath, Michelle L, RN Service: (none)
Filed: 02/19/14 0713 Note Time: 02/19/14 0712
Editor: McElreath, Michelle L, RN (Registered Nurse)

Author Type: Registered Nurse
Status: Signed

Pt was reportedly walking in a crosswalk, was struck by a small sedan on the left side, denies LOC, arrives in full c-spine precautions, c/o left index finger pain.

Electronically signed by McElreath, Michelle L, RN at 02/19/14 0713

Patient Instructions

No notes of this type exist for this encounter.

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Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000192

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

Point of Care Testing - All Results

Resulted: 02/19/14 0955, Result Status: Final
result

POCT Urine HCG Qualitative [84149908]

Ordering provider: Faroghi, Arman, MD 02/19/14 0720 Resulting Lab: LEGACY EMANUEL HOSPITAL POCT
Specimen: Urine 02/19/14 0955

Component	Value	Ref Range	Flag	Comment	Lab
U HCG QC POCT	Acceptable			-	LEH POCT
U HCG Lot#	700230			-	LEH POCT
U HCG Scn POCT	Negative			-	LEH POCT
U HCG Scn Cmt1 POCT	--			-	LEH POCT
U HCG Scn Cmt2 POCT	--			-	LEH POCT

Resulted: 02/19/14 1000, Result Status: Final
result

POCT U Dipstick Instrument [137691778] (Abnormal)

Resulting Lab: LEGACY EMANUEL HOSPITAL POCT Specimen: Urine 02/19/14 0958

Component	Value	Ref Range	Flag	Comment	Lab
U Protein POCI	Negative	Negative		-	LEH POCT
U Leuk Esterase POCI	2+	Negative	A	-	LEH POCT
U Nitrite POCI	Negative	Negative		-	LEH POCT
U pH POCI	7.0	5.0 - 8.0		-	LEH POCT
U Spec Gravity POCI	1.015	<1.030		-	LEH POCT
U Blood POCI	Trace	Negative	A	-	LEH POCT
U Glucose POCI	Negative	Negative		-	LEH POCT
U Ketones POCI	Negative	Negative		-	LEH POCT
U Bilirubin POCI	Negative	Negative		-	LEH POCT

Imaging - All Results

Resulted: 02/19/14 0938, Result Status: Final
result

CT Head w/o Contrast [84149910]

Ordering provider: Faroghi, Arman, MD 02/19/14 0720 Resulted by: Qaisi, Waleed G, MD
Performed: 02/19/14 0916 - 02/19/14 0932 Specimen: 02/19/14 0936
Narrative: EXAM: CT HEAD WITHOUT CONTRAST

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000193

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

Imaging - All Results (continued)

Resulted: 02/19/14 0938, Result Status: Final
result

CT Head w/o Contrast [84149910]

CLINICAL DATA: Headache after head injury as a pedestrian struck by
motor
vehicle

COMPARISON STUDIES: None.

PROCEDURAL TECHNIQUE: Unenhanced axial 5 mm scans from the skull base
to the
vertex

FINDINGS: Mild left posterior parietal scalp hematoma without
associated
calvarial fracture. No acute intracranial hemorrhage, mass effect or
midline
shift with normal appearance of the ventricles and CSF pathways. The
included
paranasal sinuses and mastoid air cells are clear.

IMPRESSION:

1. Left posterior parietal scalp injury without acute intracranial
abnormality.

Verified by Waleed Qaisi, MD on 2/19/2014 9:38 AM

Lab - All Results**URINALYSIS AND MICROSCOPIC [137691776] (Abnormal)**

Resulted: 02/19/14 1025, Result Status: Edited

Ordering provider: Faroghi, Arman, MD 02/19/14 0956
Specimen: Urine; Urine 02/19/14 0953
Resulting Lab: LEGACY EMANUEL LAB

Component	Value	Ref Range	Flag	Comment	Lab
UA Color	Yellow	Yellow	-		EH LAB
UA Turbidity	Clear	Clear	-		EH LAB
UA Glucose	Negative	Negative	-		EH LAB
UA Bilirubin	Negative	Negative	-		EH LAB
UA Ketones	Negative	Negative	-		EH LAB
UA Specific Gravity	1.010	<1.030	-		EH LAB

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000194

RP Date ID: Feb 19 2014



LEGACY EMANUEL MEDICAL
CENTER
2801 N Gantenbein Ave
Portland OR 97227-1623

COLEMAN-FIRE, BETHANY L
MRN: 9500945404
DOB: [REDACTED] Sex: F
Adm: 2/19/2014, D/C: 2/19/2014

Lab - All Results (continued)

URINALYSIS AND MICROSCOPIC [137691776] (Abnormal) Resulted: 02/19/14 1025, Result Status: Edited

UA Blood	Trace	Negative	A	-	EH LAB
UA pH	6.0	5.0 - 8.0		-	EH LAB
UA Albumin	Negative	Negative		-	EH LAB
UA Leukocyte Esterase	2+	Negative	A	-	EH LAB
UA Nitrite	Negative	Negative		-	EH LAB
UA WBC/hpf	5-10	0 - 5	A	-	EH LAB
UA RBC/HPF	0-2	0 - 2		-	EH LAB
UA Bacteria	Rare	Negative	A	-	EH LAB
UA Epithelial Cell	Few	Neg-Few		-	EH LAB
UA Cult Reflex?	No			-	EH LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - EH LAB	LEGACY EMANUEL LAB	Catherine M Miles, MD	501 N Gantenbein Ave Portland OR 97227	09/21/12 0938 - Present
77 - LEH POCT	LEGACY EMANUEL HOSPITAL POCT	Juan Millan, MD	501 N Ganteinbein Avenue Portland OR 97227	11/20/12 1150 - Present

Discharge Instructions

Date	Status	User	User Type	Discharge Note
02/19/14 1051	Pended	Faroghi, Arman, MD	Physician	Original

Note:

**You may take Tylenol as needed for headache.
Return for worsened headache, dizziness,
worsened nausea, difficulty with balance or
other concerns.**

Printed on 4/17/2015 2:33 PM

Bethany L Coleman-Fire
DOB: [REDACTED] CSN: 427935987
Printed by: DT [35265]

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STND 18-03985-000195

REQUEST TO UPDATE SRI CLAIM DATAClaimant's Name: BETHANY COLEMAN-FIRESSN: [REDACTED]

Main Claim #	Type	Status	Special Status	Last Activity Date
✓ 00VW3181	LTD	Closed		6/1/2017
Claim #	Type	Status	Special Status	Last Activity Date
00XQ7036	LT	Closed		5/24/2013

✓ 091206

For Closed LTD only:☒ No Pending Diary Events ☒ No Active WaiverOverpayment: ☒ No ☐ Yes, Reason:ASO ☒ No
☒ Yes

Comments:

Processed By	Department / Team	Date
Kath McGrath ext.6946	C11-1 / CCC	9/29/2017

Claimant/Contract information pertinent to the claim

Pending Claim Plan

Claimant Name: Bethany Coleman-Fire

Authorized to correspond with: claimant

LTD Claim No. 00VW3181

Benefit Waiting Period: 90 days

Last Day Worked: 2/18/2014 Date of Disability: 2/19/2014

Date of Hire: 6/1/2013 Insurance Effective Date 6/1/2013

Occupation: associate attorney Level

Rehab RTW Date: FICA/Med Extended:

Min Ben Benefit % Flat Benefit

LWOP/CLI Status

Life Waiver of Premium Plan

Pension Benefits

Additional Benefits

Letter Mailed:

☐ MAPB ☐ PB ☐ PCB
☐ CRCB ☐ RT ☐ ACB ☐ N/A

☐ ALB ☐ LSB
☐ HAB ☐ MEB ☐ N/A

LTD Coverage Information

Choose your policy

Group Policy Effective Date

Claimant reside in California?

Policy Issued in California

Review Language

Contract Class:

Own Occ Total Disability %

Any Occ Total Disability %

Partial Disability %

Any Occ Partial Disability %

LTD Benefits Periods

Type Period Begin Period End Warned Applied

Maximum Benefit:

Own Occupation:

Limited Condition

Limited Condition

Limited Condition

Deductible Income

Type Status Amount Ben From BenTo

SSA:

SSA:

SDI:

WC:

WC: Permanent

PERS:

ER:

STD: CA 09 use AI

Other:

TPL/Subrogation

Deduction & Payment Information

Type Rate% Amount Begin Date End Date

FIT

SIT

ER Cont. %: Premium

COLA: ProClaim Class Code

BCD Unit Tax/Admin Div Code

Premium Paid Through Date Grace Period

Correspondence

Type Sent Received

Deductible Income Ltr

Repayment Agreement

ETE Form

Claim Accuracy

Claim and policy data on CLAIM OVERVIEW verified as accurate:

(Initial)

Claims Summary

The reason the claim is pending is:

Ms. Coleman-Fire is a 31 year old associate attorney who ceased work after being struck by a car. Disability Date 2/19/14. RTW part time 8/4/14.

Preex 90/12. Must conduct preexisting condition investigation. Must also obtain medical documentation to support stated L&Rs. Need documentation of pre and post disability work activity and earnings.

Evidence of Insurability/Rescission

Date of Hire: 6/1/2013 Insurance Effective Date: 6/1/2013

Rescission Review/Investigation Needed

Preexisting Condition Review

memo:

Ins. Eff Date: 6/1/2013 Exclusionary Period 12mnths

PreEx Period 90days From 3/3/2013 To 5/31/2013

PreEx Investigation Required? yes

Prudent Person Language? no

Information Needed to make Decision

Source Requested Follow-up Received

Dr. Uppal 2/4/2015 ☒Dr. Chestnut 2/4/2015 ☐Legacy Emanuel 2/4/2015 ☒HPVS 2/12/2015 ☒ER info 2/12/2015 ☒Scriptcheck 2/12/2015 ☒

Pending Claim Review Requirements

Assigned 2/4/2015 Date of Decision to Pend 2/12/2015

45d ltr Date: 3/20/2015 Date Toltolled: Date Untolled

75d ltr Date: 4/19/2015 Date Toltolled: Date Untolled

105d ltr Date: 5/19/2015 Date Toltolled:

Approver Comments

Analyst

Approver

EXHIBIT 1

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New Claim Worksheet

Group ID* 10010415 MM#* [REDACTED]
 Claimant name* Bethany Coleman - Fire Phone (503) 320-9564

Employee Statement:

Date of birth [REDACTED] Last day worked 2/18/14
 Disability date 2/19/14 First medical 2/19/14
 # Dependents 0 DOB of youngest n/a

Employer Statement:

Occupation Associate attorney Hire date 6/1/13 Hours worked 40
 Last day worked 2/18/14 Date of Disability [REDACTED] Last day paid ongoing
 Sick leave ends [REDACTED] Monthly earnings \$9791.67 Date of last raise 1/1/14
 Enrollment card [REDACTED] Employer contribution 100% ERISA or Non-ERISA (circle one)
 Life Waiver* (Y) N Amt: \$112K Reduce or terminate? When? [REDACTED] Beneficiary Card? [REDACTED]

Attending Physician's Statement:

Diagnosis + Symptoms Concussion, mVA
 IPV 2/20/14 Advise cease work? no ARD released to 75% time
 Policy effective date 1/1/13 Insurance effective date(s) 6/1/13 Class code 2
 Benefit formula 60% Min benefit \$100 Max benefit \$8K
 BWP 90 days MBP SSNRA Own Occ period to MBP IPG: [REDACTED]
 Pre-ex period 90/12 Dates: 3/3/13 thru 5/31/13 Prudent person language? Yes
 HAB/ALB? (Y) Other [REDACTED] Limitations [REDACTED]
 Admin unit /DIV Code [REDACTED] Business Structure (circle one) C-Corp S-Corp Partnership Sole Proprietor
 PDE: [REDACTED]

Notes: P/T work 8/4/14 →


Offsets:	Effective date	End date	Amount	Notes
SSD (P & Dep)				
WC				
PERS				
SDI				
SL				Check for raise
Third Party				
RO+				
Taxes				
Other				

Check for indexing, extend Fica/Medicare, deny SS offset, check contract for earnings limit

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Printed on 2/4/2015 1:08:00 PM

Enter claim number: 00VW3181 000  Segment (optional):

LT Claim: 00VW3181 000 BETHANY COLEMAN-FIRE
 Group: 10010415
 Assigned User: CCCNFEUE Stat: P Reas: N
 Last Segment Generated on 02/04/15 by CCKMCGR

Compliance | Custom CL Lookup

Tolling Flag Status	N
Total Pending Days	Value Not Available
Total Pending Tolling Days	Value Not Available
Pending Tolling Start Date	Value Not Available
Pending Tolling Flag Status	N
Current Contested Date	No Current Review
Online Contested Date	No Instance of this Event
Current Contested Days	No Instance of this Event
Contested Tolling Start Date	No Instance of this Event
Current Tolling Days	No Instance of this Event
Prior Contested Date	No Prior Review
Prior Contested Days	No Prior Review
Prior Tolling Days	No Prior Review

DOL Pending Deadline WITHOUT TOLLING -1: 3/20/2015
 DOL Pending Deadline WITHOUT TOLLING -2: 4/19/2015
 DOL Pending Deadline WITHOUT TOLLING -3: 5/19/2015



August 10, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER

Dear BETHANY COLEMAN-FIRE:

We are currently reviewing your waiver of premium claim with Standard Insurance Company (The Standard). This benefit continues your Group Life insurance without payment of premium while you remain unable to perform with reasonable continuity the material and substantial duties of any occupation for which you are suited in light of your education, training and experience.

The Group Policy stipulates that information must be furnished annually confirming your total disability.

You may be receiving this letter because we have not yet received your Beneficiary Designation selection for your Group Life Insurance. Please fill out the enclosed Periodic Claimant's Statement designating your beneficiary. Please remember to Sign and Date the form and return it as soon as possible. We must receive the Beneficiary Designation during your lifetime in order for it to become effective.

Upon receipt of the enclosed completed forms, we will update your file as appropriate. We may contact your physician if any medical information is needed to complete our review.

We appreciate the opportunity to be of service to you and look forward to hearing from you soon. If you have any questions or concerns regarding your claim, please contact me at the number below.

Sincerely,

A handwritten signature in black ink that reads "Jean A. Baker".

Jean Baker
Life Waiver of Premium Examiner
800-368-1135 ext. 6338

Enclosures: Claimant's Statement
Authorization to Obtain Information

PO Box 2800 Portland OR 97208-2800 tel 800.368.1135
Standard Insurance Company - A subsidiary of StanCorp Financial Group

EXHIBIT 1
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STND 18-03985-000201

Standard Insurance Company, Group Benefits
1100 SW Sixth Avenue Portland OR 97204-1093 800.628.8600 Tel

Waiver of Premium – Periodic Claimant's Statement

When completed, please return this form to The Standard.

1. CLAIMANT INFORMATION

Name:		Street Address:	
City:		State:	Zip Code:
Phone Number:	Birthdate:	Social Security Number:	
Are you now working? <input type="checkbox"/> Yes <input type="checkbox"/> No Date you resumed work: ____/____/____ <input type="checkbox"/> My job <input type="checkbox"/> Another job <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time <input type="checkbox"/> I expect to return to work ____/____/____. <input type="checkbox"/> I do not expect to return to work.			

2. DISABILITY

Describe your present medical condition including any changes in the past year and how you believe it prevents you from working in any reasonable occupation.

3. MEDICAL

Please list all physicians who have treated you for your disability in the last year. Use separate sheet if needed.

Name:			Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Last Treatment Date:		Phone:	Last Treatment Date:	

Do you wish to change your beneficiary? If so, please complete the following section.

Beneficiary – Complete for Life, and Additional/Optional Life coverage only. If you designate a trust or a trustee, you must have a written trust agreement. If you designate a minor (a person not of legal age) it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. This means legal expense for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

PRIMARY

Full Name	% of Benefit	Address	Social Sec. No.	Relationship

CONTINGENT

Full Name	% of Benefit	Address	Social Sec. No.	Relationship

BENEFICIARY EXAMPLES

Two Primary Beneficiaries:				
Peter Smith	60%	77 America Street, Anytown, USA 77777	000-00-7777	Husband
Anna Smith	40%	777 USA Street, Anytown, USA 77777	000-00-7899	Daughter
One Primary & One Contingent Beneficiaries:				
PRIMARY: Peter Smith	100%	77 America Street, Anytown, USA 77777	000-00-7777	Husband
CONTINGENT: Quincy Smith	100%	777 USA Street, Anytown, USA 77777	000-00-7900	Son

If death occurs and a minor is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid.

4. ACKNOWLEDGMENT

I certify the above answers true and complete to the best of my knowledge and belief.

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false, or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Signature: _____ Date: _____
SI 8825 1 of 1 Claim: BETHANY COLEMAN-FIRE
Analyst: Jean Baker, C9A

EXHIBIT 1
PART 1 of 2
(2/03)
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Authorization to Obtain and Release Information

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Kaiser Permanente.
- Any insurance company or annuity company.
- Any employer, policyholder or plan sponsor.
- Any organization or entity administering a benefit or leave program (including statutory benefits) or an annuity program.
- Any educational, vocational or rehabilitation counselor, organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, Workers' Compensation Board, etc.).

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
 - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
 - Any communicable disease or disorder.
 - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
 - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.

and:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, return to work accommodation discussions or evaluations and eligibility for other benefits or leave periods including but not limited to claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions, etc.

TO STANDARD INSURANCE COMPANY, THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK, THE STANDARD BENEFIT ADMINISTRATORS AND THEIR AUTHORIZED REPRESENTATIVES (referred to as "The Companies", individually and collectively), AND MY EMPLOYER'S ABSENCE MANAGEMENT PROGRAM ADMINISTRATOR ("Absence Manager").

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without restriction.
- I understand that each of The Companies and Absence Manager will gather my information only if they are administering or deciding a claim(s) under my life, dismemberment and/or disability insurance, or leave of absence claim, and will use the information to determine my eligibility or entitlement for benefits or leave of absence.
- I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to The Companies and Absence Manager, except to the extent the authorization has been relied upon to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair The Companies' and Absence Manager's ability to evaluate or process my claim(s), and may be a basis for denying or closing my claim(s) for benefits or leave of absence.
- I understand that in the course of conducting its business The Companies and Absence Manager may disclose to other parties information about me. They may release information to a reinsurer, a plan administrator, plan sponsor, or any person performing business or legal services for them in connection with my claim(s). I understand that The Companies and Absence Manager will release information to my employer necessary for absence management, for return to work and accommodation discussions, and when performing administration of my employer's self-funded (and not insured) disability plans.
- I understand that The Companies and Absence Manager comply with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to them pursuant to this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. Information retained and disclosed by The Companies and Absence Manager may not be protected under the Health Insurance Portability and Accountability Act [HIPAA].
- I understand and agree that this authorization as used to gather information shall remain in force from the date signed below:
 - For Standard Insurance Company, the duration of my claim(s) or 24 months, whichever occurs first.
 - For The Standard Life Insurance Company of New York, the duration of my claim(s) or 24 months, whichever occurs first.
 - For The Standard Benefit Administrators, the duration of my claim(s) administered by The Standard Benefit Administrators or 24 months, whichever occurs first.
 - For Absence Manager, 24 months.
- I understand and agree that The Companies and Absence Manager may share information with each other regarding my life, dismemberment and/or disability insurance claim(s) and leave of absence claim. This authorization to share information shall remain valid for 12 months from the date signed below.
- I acknowledge that I have read this authorization and the New Mexico notice on page 2. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

Name (please print) _____ Social Security No. _____

Signature of Claimant/Representative _____ Date _____

If signature is provided by legal representative (e.g., Attorney in Fact, guardian or conservator), please attach documentation of legal authority. **EXHIBIT 1**

Authorization to Obtain and Release Information

Standard Insurance Company is a licensed insurance company in all states except New York. The Standard Life Insurance Company of New York is an insurance company licensed only in New York. An absence manager may be hired by your employer and may be one of The Companies.

FOR RESIDENTS OF NEW MEXICO

The state of New Mexico requires Standard Insurance Company to provide you with the following information pursuant to its Domestic Abuse Insurance Protection Act.

The Authorization form allows Standard Insurance Company to obtain personal information as it determines your eligibility for insurance benefits. The information obtained from you and from other sources may include confidential abuse information. "Confidential abuse information" means information about acts of domestic abuse or abuse status, the work or home address or telephone number of a victim of domestic abuse or the status of an applicant or insured as a family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close personal, family or abuse-related counseling relationship. With respect to confidential abuse information, you may revoke this authorization in writing, effective ten days after receipt by Standard Insurance Company, understanding that doing so may result in a claim being denied or may adversely affect a pending insurance action.

Standard Insurance Company is prohibited by law from using abuse status as a basis for denying, refusing to issue, renew or reissue or canceling or otherwise terminating a policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy.

Upon written request you have the right to review your confidential abuse information obtained by Standard Insurance Company. Within 30 business days of receiving the request, Standard Insurance Company will mail you a copy of the information pertaining to you. After you have reviewed the information, you may request that we correct, amend or delete any confidential abuse information which you believe is incorrect. Standard Insurance Company will carefully review your request and make changes when justified. If you would like more information about this right or our information practices, a full notice can be obtained by writing to us.

If you wish to be a protected person (a victim of domestic abuse who has notified Standard Insurance Company that you are or have been a victim of domestic abuse) and participate in Standard Insurance Company's location information confidentiality program, your request should be sent to Standard Insurance Company.

||
||
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||
||
||
||



July 9, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: Policyholder Professional Services Employer
Policy No. 445474
Claim No. D91206

Dear Ms. Coleman-Fire:

We are writing in regard to your Group Life Insurance claim with Standard Insurance Company (The Standard). We are pleased to inform you we have approved your claim for Waiver of Premium. This letter will answer questions about how Waiver of Premium applies to your Group Life Insurance, and the type and amount of insurance included.

How much Life Insurance do I have?

The following amount of Group Life Insurance was in force on the date you became Disabled:

\$118,000.00 Basic Term Life Insurance

How long will the Waiver of Premium Continue?

Your Group Life Insurance will remain in force without premium payment until age 67, your Social Security Normal Retirement Age, provided you continue to satisfy the Group Policy's Waiver of Premium Insurance provision.

Will my other kinds of Life Insurance continue under the Waiver of Premium?

While your Term Life Insurance continues under this policy provision, your Accidental Death and Dismemberment Insurance (AD&D) will not continue. However, your Group Life Insurance will be payable if your death is accidental.

Who are the Beneficiaries of my Group Life Insurance?

Our records show we do not have a current beneficiary for your Group Life Insurance in your file. Please complete the enclosed Beneficiary Designation/Change Form. If you designate two or more beneficiaries, please specify whether you wish them to receive equal shares or whether you wish a different distribution of your benefits. We recommend that you use percentages rather

PO Box 2800 Portland OR 97208-2800 tel 800.628.8600
Standard Insurance Company - A subsidiary of StanCorp Financial Group

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STND 18-03985-000205

BETHANY COLEMAN-FIRE

2

July 9, 2015

than dollars to designate the amount for each beneficiary. An example can be found on the Beneficiary Designation/Change Form.

Please remember to SIGN and DATE the form, and return it as soon as possible in the enclosed postage-paid return envelope. We must receive the Beneficiary Designation/Change form during your lifetime in order for it to become effective.

If you have any questions about how to fill out the Change of Beneficiary form, you may call our office.

What is the Accelerated Benefit? Do I qualify?


Your Group Life Insurance Policy includes an Accelerated Benefit provision, sometimes referred to as a living need benefit. This benefit may be available if you have been approved for Waiver of Premium and have been diagnosed as terminally ill with a life expectancy of less than 24 months. The Accelerated Benefit allows you to receive from 10% up to 75% of your Life Insurance coverage as a once in a lifetime lump sum payment. If you are interested in further information about this benefit, you may contact our office at the number below.

Will my Life Insurance claim be reviewed again?

Your Group Policy requires a periodic review of your Waiver of Premium claim. Therefore, we will contact you periodically to request current information to review your eligibility for this benefit. However, we require that you notify us if you recover from your disability at any time, return to work or have a change of address.

We appreciate the opportunity to be of service to you. **If you have any questions about this letter or your claim, please contact your Disability Benefits Analyst, Necole Suzuki, at 800.368.1135 ext. 3198.**

Sincerely,



Jean Baker
Life Waiver of Premium Examiner
800-628-8600 ext. 6338

Enclosure: Beneficiary Designation Form

Standard Insurance Company

Beneficiary Designation/Change

900 SW Fifth Ave Portland OR 97204

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance and, unless specified otherwise on a separate sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the Employer during your lifetime. However, while we are administering your Waiver of Premium claim, your completed beneficiary designation should be delivered to The Standard.

Sign and date the completed form and return it to The Standard at the address above.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)	Social Security No.		
Your Address	City	State	Zip
Group Name	Group No.		

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature of Member/Employee

Date

SI 13208

Date sent: July 9, 2015

Claim: D91206 Analyst: Jean Baker, C9A

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STND 18-03985-000207



July 9, 2015

PROFESSIONAL SERVICES EMPLOYER
ATTN: JENNY KIM
7525 SE 24TH ST STE 350
MERCER ISLAND, WA 98040

Re: Policyholder Professional Services Employer
Policy No. 445474
Claim No. D91206

Dear Ms. Kim:

We are writing in regard to Bethany Coleman-Fire's Group Life Insurance coverage with Standard Insurance Company (The Standard). We have approved Ms. Coleman-Fire's claim for Waiver of Premium.

The following amount of Group Life Insurance, which was in force on the date Ms. Coleman-Fire became unable to work, will remain in force according to the terms of the Group Policy:

\$118,000.00 Basic Term Life Insurance

Ms. Coleman-Fire's Group Life Insurance will remain in force without premium payment until age 67, her Social Security Normal Retirement Age, provided she continues to satisfy the Group Policy's Waiver of Premium provision.

You may take a credit on your next premium statement for the premium paid on behalf of Ms. Coleman-Fire from March 1, 2014, through the last month premiums were paid, up to a maximum of 12 months. The attached Waiver of Premium Continued Life Insurance Refund Worksheet is provided to help you calculate the credit amount(s).

Please fill out the worksheet completely and attach to your next premium statement as documentation for your adjustments. If you have any questions you can contact our premium department at the number listed at the end of this letter.

You may adjust your premium statement by terminating the member from line 4 and deducting the credit amount (as calculated on the worksheet) on line 10 under the corresponding coverage on the premium statement. If there is more than one coverage, please indicate your adjustments on the appropriate statement.

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Standard Insurance Company - A subsidiary of StanCorp Financial Group

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PROFESSIONAL SERVICES EMPLOYER

2

July 9, 2015

Please note, since Accidental Death and Dismemberment (AD&D) coverage is not subject to Waiver of Premium and does not continue under this benefit, you must also terminate the member on line 4 of the appropriate premium statement under AD&D.

If Ms. Coleman-Fire returns to work, premium payment should begin again as of the first of the month following the credit refund period.

Our decision is based upon specific information contained in Ms. Coleman-Fire's claim file. If you would like more information regarding this claim, please provide an authorization signed by her.

Ms. Coleman-Fire has been notified of this claim decision. Please notify The Standard promptly if Ms. Coleman-Fire returns to any type of employment so her claim can be reevaluated.

For questions on how to calculate and apply the refund to your premium payment, please contact our Policy Administration team at 800.348.3226.

The Standard appreciates the opportunity to be of service to you. **If you have any questions regarding this letter or Ms. Coleman-Fire's claim, please contact her analyst, Necole Suzuki, at 800-368-1135 ext. 3198.**

Sincerely,



Jean Baker
Life Waiver of Premium Examiner
800-628-8600 ext. 6338

Enclosure: Waiver of Premium Continued Life Insurance Refund Worksheet

Standard Insurance Company

800.348.3226 Tel

**Waiver of Premium
Continued Life Insurance
Refund Worksheet**

Date ____ / ____ / ____

Group policy no. _____ Division no. _____

Policyholder name _____

Claimant name _____ Claimant Social Security no. _____

Preparer's name _____ Claim no. _____

Preparer's phone no. (____) _____

Calculating the Refund

There are two different formulas used to calculate the premium refund amount. Which formula you use depends on the structure of your life insurance premium rates. The formulas and examples of each calculation method are shown below:

Formula (1)	Formula (2)																						
<p>If your rates are expressed as a fixed cost per member, calculate your refund this way:</p> <p>Fixed rate x No. of months = Refund amount.</p> <p>Example:</p> <table> <tr> <td>Type of Coverage:</td><td>Dependents Life</td></tr> <tr> <td>Per Member Cost:</td><td>\$ 1.27 per mo.</td></tr> <tr> <td>No. of months refunded</td><td><u>x 9</u></td></tr> <tr> <td>Refund-Dependent Life</td><td>\$ 11.43</td></tr> </table>	Type of Coverage:	Dependents Life	Per Member Cost:	\$ 1.27 per mo.	No. of months refunded	<u>x 9</u>	Refund-Dependent Life	\$ 11.43	<p>If your rates are expressed as a cost per \$1,000 of coverage, calculate your refund this way:</p> <p>Amount of insurance x Rate ÷ \$1,000 x No. of months = Refund amount.</p> <p>Example:</p> <table> <tr> <td>Type of Coverage:</td><td>Term (Basic) Life</td></tr> <tr> <td>Amount of Coverage:</td><td>\$25,000</td></tr> <tr> <td>Coverage Amount ÷ \$1,000</td><td>25</td></tr> <tr> <td>Cost per \$1,000</td><td><u>x .50</u></td></tr> <tr> <td>Refund per month</td><td>\$ 12.50</td></tr> <tr> <td>No. of months refunded</td><td><u>x 9</u></td></tr> <tr> <td>Refund-Term Life</td><td>\$ 112.50</td></tr> </table>	Type of Coverage:	Term (Basic) Life	Amount of Coverage:	\$25,000	Coverage Amount ÷ \$1,000	25	Cost per \$1,000	<u>x .50</u>	Refund per month	\$ 12.50	No. of months refunded	<u>x 9</u>	Refund-Term Life	\$ 112.50
Type of Coverage:	Dependents Life																						
Per Member Cost:	\$ 1.27 per mo.																						
No. of months refunded	<u>x 9</u>																						
Refund-Dependent Life	\$ 11.43																						
Type of Coverage:	Term (Basic) Life																						
Amount of Coverage:	\$25,000																						
Coverage Amount ÷ \$1,000	25																						
Cost per \$1,000	<u>x .50</u>																						
Refund per month	\$ 12.50																						
No. of months refunded	<u>x 9</u>																						
Refund-Term Life	\$ 112.50																						

Your Calculation

Calculate your refund using the appropriate formula in the space provided below:

Formula (1)	Formula (2)	
Coverage _____	Coverage _____	Coverage _____
Cost Per Member _____	Amt. ÷ \$1,000 _____	Amt. ÷ \$1,000 _____
No. of Months x _____	Refund per Mo. \$ _____	Refund per Mo. \$ _____
Refund Amount \$ _____	No. of Months x _____	No. of Months x _____
	Refund Amount \$ _____	Refund Amount \$ _____

*Please retain one copy for your files and return the second copy with your next Premium Statement.
Fill out one worksheet for each Life Coverage.*

SI 6360

Date sent: July 9, 2015

Claim: D91206 Analyst: Jean Baker, C9A

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PART 1 of 2
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STND 18-03985-000210



June 18, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



June 4, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your waiver of premium claim with Standard Insurance Company (The Standard). If approved, this means your life insurance coverage will continue without payment of premium. You may help by providing any information that I may request from you. When a decision has been made you will be promptly notified.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



May 28, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



May 6, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198

PO Box 2800 Portland OR 97208-2800 tel 800.368.1135
Standard Insurance Company - A subsidiary of StanCorp Financial Group

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STND 18-03985-000214



May 5, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your waiver of premium claim with Standard Insurance Company (The Standard). If approved, this means your life insurance coverage will continue without payment of premium. You may help by providing any information that I may request from you. When a decision has been made you will be promptly notified.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



April 15, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in cursive script that reads "Necole Suzuki".

Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



April 6, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your waiver of premium claim with Standard Insurance Company (The Standard). If approved, this means your life insurance coverage will continue without payment of premium. You may help by providing any information that I may request from you. When a decision has been made you will be promptly notified.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,
Necole Suzuki
Sr Disability Claim Spec
800-368-1135 ext. 3198



March 25, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink that reads "Necole Suzuki".

Necole Suzuki
Disability Claim Specialist
800-368-1135 ext. 3198



March 6, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your waiver of premium claim with Standard Insurance Company (The Standard). If approved, this means your life insurance coverage will continue without payment of premium. You may help by providing any information that I may request from you. When a decision has been made you will be promptly notified.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink that reads "Nicole Feuerstein". The signature is written in a cursive, flowing style.

Nicole Feuerstein
Disability Claim Specialist
800-368-1135 ext. 3198

PO Box 2800 Portland OR 97208-2800 tel 800.368.1135
Standard Insurance Company - A subsidiary of StanCorp Financial Group

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STND 18-03985-000219



March 4, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

I am continuing my investigation of your claim for disability income benefits with Standard Insurance Company (The Standard). In order to complete my investigation, I must analyze all pertinent medical, vocational, and financial information.

Additional information that is needed to process your claim has been requested. When all information has been received and reviewed, I will make a decision on your claim as quickly as possible. You may help by providing any information that I may request from you.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink that reads 'Nicole Feuerstein'.

Nicole Feuerstein
Disability Claim Specialist
800-368-1135 ext. 3198



February 10, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

Thank you for your application for disability income benefits with Standard Insurance Company (The Standard). I have received the information necessary to begin my initial review of your claim. However, it may be necessary for me to request additional medical, vocational, and financial information before making a decision on your claim.

If it becomes necessary to obtain additional information to process your claim, I will let you know. You may help by providing any information I request from you.

I understand the importance of making a timely determination on your claim. Until a decision can be made, I will keep you informed of your claim status.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink that reads "Necole Feuerstein".

Necole Feuerstein
Disability Claim Specialist
800-368-1135 ext. 3198



February 4, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

Thank you for your application for Disability benefits with Standard Insurance Company (The Standard). I am the analyst assigned to review your claim. I have received the necessary information to begin the initial review of your claim.

We have also set up a Waiver of Premium claim, and will review your eligibility for this benefit. If the Waiver claim is approved, your Group Life Insurance coverage will continue without payment of premium.

It may be necessary to gather additional information before we can make a final determination. We will keep you advised of the status of your claims and will notify you promptly when we make a decision.

The decision on your Waiver of Premium claim is a separate decision from your Disability claim. Any life insurance subject to waiver of premium currently in force under the terms of the group policy will remain in place during our investigation.

If you have any questions about this letter or your claims, please write or call me.

Sincerely,

A handwritten signature in black ink that reads "Necole Feuerstein".

Necole Feuerstein
Disability Claim Specialist
800-368-1135 ext. 3198

PO Box 2800 Portland OR 97208-2800 tel 800.368.1135
Standard Insurance Company - A subsidiary of StanCorp Financial Group

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STND 18-03985-000222



January 20, 2015

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

We are writing about your application for disability benefits with Standard Insurance Company (The Standard). Previously, we informed you that we had not received all of your completed claim forms. As of the date of this letter, we still have not received all of the forms.

We have received the following completed claim forms:

Employer's Statement
Employee's Statement
Authorization to Obtain Information

We are unable to begin processing your claim without completed claim forms.

We have not received the following completed claim form:

Attending Physician's Statement

Please complete and return the requested form(s) as soon as possible. As soon as we receive all necessary information, we will give your claim our prompt attention. We will let you know how our review is proceeding.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Nikol Niemeyer".

Nikol Niemeyer
Disability Benefits Processor
800-368-1135 ext. 2549

Enclosure: Attending Physician's Statement

PO Box 2800 Portland OR 97208-2800 tel 800.368.1135
Standard Insurance Company - A subsidiary of StanCorp Financial Group

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STND 18-03985-000223

Standard Insurance Company

Employee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208Long Term Disability Benefits
Attending Physician's Statement**PART A. TO BE COMPLETED BY PATIENT**

Full Name: _____		Social Security No.: _____	
Other Names Used: _____			
Address: _____		City: _____	State: _____ Zip Code: _____
Phone No.: (_____) _____		Birthdate: _____	Patient No.: _____
Occupation: _____		Employer: _____	Group Policy No.: _____
I returned to work: Date _____		I expect to return to work: Date _____	

PART B. TO BE COMPLETED BY PHYSICIAN

DEAR DOCTOR: The purpose of this form is to help us determine whether the clinical condition of your patient is disabling. We need documentation of functional impairment. Please include laboratory data and results of special tests (X-rays, CAT scan, EKG, etc.). Please attach copies of any pertinent surgical reports, hospital admitting history, physician discharge summaries, chart notes, and narrative reports.

The patient is responsible for the completion of this form without expense to The Standard. Forms may be returned for unanswered questions.

1. INFORMATION

Primary Diagnosis: ICD Code (_____) _____			
Secondary Diagnosis: ICD Code (_____) _____			
Other diagnoses and ICD Codes related to this claim. _____			
Symptoms. _____			
Patient's Height: _____ Weight: _____ BP _____ Right arm _____ BP _____ Left arm _____ Pulse _____ Radial _____			
Is condition primarily related to:			
a. Patient's Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dominant Hand <input type="checkbox"/> Left <input type="checkbox"/> Right	
b. Mental Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Alcohol or Drug Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Delivery Date: _____	
Para: _____ Gravidia: _____		Actual Delivery Date: _____	
Complications: _____		<input type="checkbox"/> Vaginal <input type="checkbox"/> Caesarean Section	

2. HISTORY

If patient was referred to you, indicate by whom: _____	
Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate when: _____ Describe: _____	
Do, or have, other conditions contributed to this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain: _____	
Date patient first consulted you for this condition: _____	For any condition: _____
Dates of subsequent treatment: _____	
Date of most recent visit: _____	
If patient was hospitalized, please provide dates. Admitted: _____ Discharged: _____	
Admitting Diagnosis: _____ Discharge Diagnosis: _____	
Name of Hospital: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	

Standard Insurance Company

Employee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208Long Term Disability Benefits
Attending Physician's Statement

Claimant's Name: _____

3. ASSESSMENT

Date you recommended patient should stop working: _____ Why? _____

Describe the patient's physical, mental and cognitive limitations and work activity limitations: _____

How long from today's date will the described limitations impair the patient? _____

Is the patient competent to manage insurance benefits? ☐ Yes ☐ NoIf no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No**4. TREATMENT**

Planned course of treatment. (Please include expected duration, surgeries, therapy, etc.) _____

Medications prescribed: dosage, frequency and date of prescription(s). _____

List other treating or referring physicians. (Continue on separate page, if necessary.)

NAME		ADDRESS		
1.				
Phone No.	()	City	State	Zip Code
2.				
Phone No.	()	City	State	Zip Code

What reasonable work or job site modifications could the employer make to assist the individual to return to work? Please specify: _____

Assessment and treatment are complicated by:

- ☐ Malingering
- ☐ Significant emotional or behavioral disorder such as: ☐ Depression ☐ Anxiety ☐ Hysteria (Check pertinent areas.)
- ☐ Exaggeration, inconsistent findings, subjective complaints out of proportion to objective findings, bizarre or contradictory observations.
- ☐ Dependence on drugs/medication. Specify: _____
- ☐ Other (please describe): _____

5. PROGNOSISDescribe patient's condition since onset of symptoms: ☐ Recovered ☐ Improved ☐ Unchanged ☐ RegressedWhen do you expect a fundamental or marked change in patient's condition? ☐ Never ☐ Condition expected to regress ☐ Condition expected to improve

State anticipated date: _____ or, Unable to determine, follow up in: _____ months

When do you anticipate the patient can return to work? State anticipated date: _____ or, Unable to determine, because of: _____

_____ follow up in: _____ months

Remarks: _____

Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 3 of this form.

Physician's Signature: _____ Date: _____

Physician's Name (Please Print): _____ Specialty: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Physician's Taxpayer ID No.: _____ Phone No.: () _____ Fax No.: () _____

Return to Standard Insurance Company at the address above.

Standard Insurance Company

Employee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208

**Long Term Disability Benefits
Claim Form Fraud Notices**

Some states require us to provide the following information to you:

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.



December 29, 2014

BETHANY COLEMAN-FIRE
4834 NE 17TH AVE
PORTLAND, OR 97211

Re: PROFESSIONAL SERVICES EMPLOYER
Group Policy No: 445474
Claim No: 00VW3181

Dear BETHANY COLEMAN-FIRE:

We are writing about your application for disability benefits with Standard Insurance Company (The Standard). We are sorry to hear that you are unable to work at this time.

We have received the following completed claim forms:

Employer's Statement
Employee's Statement
Authorization to Obtain Information

We are unable to begin processing your claim without completed claim forms.

We have not received the following completed claim form:

Attending Physician's Statement

Please complete and return the requested form(s) as soon as possible. As soon as we receive all necessary information, we will give your claim our prompt attention. We will let you know how our review is proceeding.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nikol Niemeyer', written over a horizontal line.

Nikol Niemeyer
Disability Benefits Processor
800-368-1135 ext. 2549

Enclosure: Attending Physician's Statement

Standard Insurance Company

Employee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208Long Term Disability Benefits
Attending Physician's Statement**PART A. TO BE COMPLETED BY PATIENT**

Full Name: _____		Social Security No.: _____	
Other Names Used: _____			
Address: _____		City: _____	State: _____ Zip Code: _____
Phone No.: (_____) _____		Birthdate: _____	Patient No.: _____
Occupation: _____		Employer: _____	Group Policy No.: _____
I returned to work: Date _____		I expect to return to work: Date _____	

PART B. TO BE COMPLETED BY PHYSICIAN

DEAR DOCTOR: The purpose of this form is to help us determine whether the clinical condition of your patient is disabling. We need documentation of functional impairment. Please include laboratory data and results of special tests (X-rays, CAT scan, EKG, etc.). Please attach copies of any pertinent surgical reports, hospital admitting history, physician discharge summaries, chart notes, and narrative reports.

The patient is responsible for the completion of this form without expense to The Standard. Forms may be returned for unanswered questions.

1. INFORMATION

Primary Diagnosis: ICD Code (_____) _____			
Secondary Diagnosis: ICD Code (_____) _____			
Other diagnoses and ICD Codes related to this claim. _____			
Symptoms. _____			
Patient's Height: _____ Weight: _____ BP _____ Right arm _____ Left arm _____ Pulse _____ Radial _____			
Is condition primarily related to:			
a. Patient's Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dominant Hand <input type="checkbox"/> Left <input type="checkbox"/> Right	
b. Mental Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Alcohol or Drug Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Delivery Date: _____	
Para: _____ Gravid: _____		Actual Delivery Date: _____	
Complications: _____		<input type="checkbox"/> Vaginal <input type="checkbox"/> Caesarean Section	

2. HISTORY

If patient was referred to you, indicate by whom: _____	
Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate when: _____ Describe: _____	
Do, or have, other conditions contributed to this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain: _____	
Date patient first consulted you for this condition: _____	For any condition: _____
Dates of subsequent treatment: _____	
Date of most recent visit: _____	
If patient was hospitalized, please provide dates. Admitted: _____ Discharged: _____	
Admitting Diagnosis: _____ Discharge Diagnosis: _____	
Name of Hospital: _____	
Address: _____ City: _____ State: _____ Zip Code: _____	

Standard Insurance Company

Employee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208Long Term Disability Benefits
Attending Physician's Statement

Claimant's Name: _____

3. ASSESSMENT

Date you recommended patient should stop working: _____ Why? _____

Describe the patient's physical, mental and cognitive limitations and work activity limitations: _____

How long from today's date will the described limitations impair the patient? _____

Is the patient competent to manage insurance benefits? ☐ Yes ☐ NoIf no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No**4. TREATMENT**

Planned course of treatment. (Please include expected duration, surgeries, therapy, etc.) _____

Medications prescribed: dosage, frequency and date of prescription(s). _____

List other treating or referring physicians. (Continue on separate page, if necessary.)

NAME		ADDRESS		
1.				
Phone No.	()	City	State	Zip Code
2.				
Phone No.	()	City	State	Zip Code

What reasonable work or job site modifications could the employer make to assist the individual to return to work? Please specify: _____

Assessment and treatment are complicated by:

- ☐ Malingering
- ☐ Significant emotional or behavioral disorder such as: ☐ Depression ☐ Anxiety ☐ Hysteria (Check pertinent areas.)
- ☐ Exaggeration, inconsistent findings, subjective complaints out of proportion to objective findings, bizarre or contradictory observations.
- ☐ Dependence on drugs/medication. Specify: _____
- ☐ Other (please describe): _____

5. PROGNOSISDescribe patient's condition since onset of symptoms: ☐ Recovered ☐ Improved ☐ Unchanged ☐ RegressedWhen do you expect a fundamental or marked change in patient's condition? ☐ Never ☐ Condition expected to regress ☐ Condition expected to improve

State anticipated date: _____ or, Unable to determine, follow up in: _____ months

When do you anticipate the patient can return to work? State anticipated date: _____ or, Unable to determine, because of: _____

_____ follow up in: _____ months

Remarks: _____

Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 3 of this form.

Physician's Signature: _____ Date: _____

Physician's Name (Please Print): _____ Specialty: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Physician's Taxpayer ID No.: _____ Phone No.: () _____ Fax No.: () _____

Return to Standard Insurance Company at the address above.

Standard Insurance CompanyEmployee Benefits 800.368.1135 Tel 971.321.8400 Fax
PO Box 2800 Portland OR 97208**Long Term Disability Benefits
Claim Form Fraud Notices**

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TheStandard®

July 3, 2017

Megan E. Glor
707 NE Knott St Suite 101
Portland OR 97212

Re: Bethany Coleman-Fire
Professional Services Employers Trust on behalf of
Davis Wright Tremaine LLP
Group Policy 445474
Claim No. 00VW3181

Dear Ms. Glor:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). This letter is in response to your letter of June 7, 2017.

Per your request, we have enclosed a complete copy of Ms. Coleman-Fire's LTD claim file for your review. The enclosed information includes a complete copy of the information contained in Ms. Coleman-Fire's claim file, electronic documents, and a copy of the Group Policy. With the enclosed documents we believe that we have complied with your request under applicable law.

If you have any questions about this letter, please contact our office.

Sincerely,

Necole Suzuki, FLHC
Sr. Disability Claim Specialist
Employee Benefits Department
1-800-368-1135 ext. 3198

Standard Insurance Company
900 SW Fifth Avenue
Portland OR 97204-1235
tel 888.937.4783

EXHIBIT 1
PART 1 of 2
Page 231 of 1248

STND 18-03985-000231

Megan E. Glor
John C. Shaw
nw-erisa@meganglor.com
Phone: (503) 223-7400

Megan E. Glor

Attorneys at Law

Disability ∞ Health ∞ ERISA ∞ Life

June 7, 2017

707 NE Knott Street
Suite 101
Portland, OR 97212
Fax: (503) 751-2071

By Facsimile (971.321.5038) and Certified Mail (7016 0600 0000 9815 6799)

Ms. Mary Cea
Senior Benefits Review Specialist
Administrative Review Unit
Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-1235

RECEIVED

JUN 09 2017

SIC BENEFITS DEPT

RE: Claimant: Ms. Bethany Coleman-Fire
Policyholder: Professional Services Employers Trust
on behalf of Davis Wright Tremaine LLP
Policy No.: 445474-C
Claim No.: 00VW3181

Dear Ms. Cea:

I am writing on Ms. Coleman-Fire's behalf to request a complete copy of all documents, records, or other information relevant to Standard Insurance Company's or the Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Long Term Disability Plan's (Plan) decision denying Ms. Coleman-Fire's disability claim, referenced above, pursuant to ERISA.

According to 29 CFR § 2560.503-1(m)(8), "a document, record, or other information" is "relevant" if such document, record, or other information, was relied upon in making the benefit determination; or was submitted, considered, or generated in the course of making the benefit determination, without regard to whether it was relied upon in making the benefit determination.

My request includes, but is not limited to the following categories of documents:

- (1) All claim forms (including attachments, supplements, additions or addenda) for this claim;
- (2) All medical providers' or other physicians' statements, reports, records, correspondence, memoranda, and/or e-mail regarding this claim;
- (3) All electronic or written claim logs, case summaries, or other means of recording events, documents, discussions, reviews or decisions relating to this claim;
- (4) All notes, correspondence, memos and/or any other documents of any employee, agent, consultant or contractor, or any other person having any

EXHIBIT 1
PART 1 of 2
Page 232 of 1248

Re: Bethany Coleman-Fire

Date: June 7, 2017

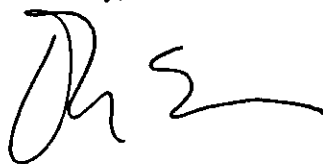
Page 2 of 2

- affiliation with Standard who took any part in making the decision on this claim;
- (5) All notes, correspondence, memos and/or any other documents of any consultant, physician, medical professional or any other individual consulted, retained or otherwise utilized by Standard in analyzing or making any benefits determination for this claim;
 - (6) All documents, including **photographs, videos, summaries, audiotapes, transcripts, or other records** demonstrating or containing the results of any investigation of the claimant or this claim;
 - (7) All medical journals, articles, literature or studies that were received, reviewed or relied on by Standard or any physician or other medical professional hired or retained by Standard in evaluating this claim;
 - (8) All correspondence or other documents received by Standard or sent by any other person, entity or organization involved in the determination of this claim;
 - (9) All notes, correspondence, memos and/or any other documents concerning this claim which are in Standard's possession or control; and
 - (10) All written statements of Standard's or the Plan's policies or other written guidance or guidelines relating to the condition(s) or diagnosis of the claimant's condition(s), whether or not such statements were relied on in making the benefit determination in this case (see 29 C.F.R. § 2560.503-1(m)(8)(iv)).

I also request that Standard provide me with a **complete copy of the Long Term Disability plan that was in effect as of the date Ms. Coleman-Fire applied for benefits under the plan and copies of all amendments and addenda to the plan on or subsequent to that date.**

Kindly produce these documents within 30 days of the date of this letter, pursuant to ERISA. You are welcome to provide the aforementioned documents (Mac compatible) on USB drive in lieu of a paper file.

Sincerely,



Megan E. Glor

cc: Bethany Coleman-Fire

RECEIVED

JUN 09 2017

SIC BENEFITS DEPT

Necole Suzuki

From: Mary Cea
Sent: Wednesday, June 07, 2017 11:03 AM
To: Necole Suzuki
Subject: FW: New fax re: Coleman-Fire
Attachments: A3167aaaf-9595-4c43-8053-83f37f8f77a7.TIF

Hi Necole,

Please see the attached fax from Megan Glor. She is requesting a copy of the claim file.

Thanks, Mary

Mary Cea | Senior Benefits Review Specialist The Standard Insurance Company
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.7917 | Fax 971.321.5038 Mary.Cea@standard.com |
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

From: Glenn Williams
Sent: Wednesday, June 07, 2017 10:55 AM
To: Mary Cea <Mary.Cea@standard.com>
Subject: New fax re: Coleman-Fire

Mary -

Here is a fax for your review.
Glenn Williams

~~~~~  
Glenn Williams | Staff Assistant II  
Administrative Review Unit - C15A  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3257 | Fax 971.321.5038 glenn.williams@standard.com |  
www.standard.com

-----Original Message-----

From: RightFax E-mail Gateway [mailto:RightFaxEmailGateway@standard.com]  
Sent: Wednesday, June 07, 2017 9:54 AM  
To: ARU Faxes <ARUFaxes@standard.com>  
Subject: A new fax has arrived from robert@meganglor.com (Part 1 of 1) on Channel 15

6/7/2017 9:51:22 AM Transmission Record  
Received from remote ID: robert@meganglor.com  
Inbound user ID ARUFAXES, routing code 5038  
Result: (0/352;0/0) Success

Page record: 1 - 3

Elapsed time: 02:05 on channel 15

Fax Images: [double-click on image to view page(s)]

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

# Megan E. Glor

## Attorneys at Law

Disability ~ Health ~ ERISA ~ Life

707 NE Knott Street  
Suite 101  
Portland, OR 97212  
Fax: (503) 751-2071

# Fax

To: Standard, Attn: Mary Cea

Fax #: 971.321.5038

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire, Claim No.: 00VW3181

From: Megan Glor

Pages (Including Coversheet): 3

Date: 6/7/2017

CC: \_\_\_\_\_

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

**IMPORTANT WARNING:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify the sender immediately and arrange for the return or destruction of these documents.

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 236 of 1248**

STND 18-03985-000236



Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

# Megan E. Glor

## Attorneys at Law

Disability ~ Health ~ ERISA ~ Life

June 7, 2017

707 NE Knott Street  
Suite 101  
Portland, OR 97212  
Fax: (503) 751-2071

**By Facsimile (971.321.5038) and Certified Mail (7016 0600 0000 9815 6799)**

Ms. Mary Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, OR 97204-1235

RE: Claimant: Ms. Bethany Coleman-Fire  
Policyholder: Professional Services Employers Trust  
on behalf of Davis Wright Tremaine LLP  
Policy No.: 445474-C  
Claim No.: 00VW3181

Dear Ms. Cea:

I am writing on Ms. Coleman-Fire's behalf to request a complete copy of all documents, records, or other information relevant to Standard Insurance Company's or the Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Long Term Disability Plan's (Plan) decision denying Ms. Coleman-Fire's disability claim, referenced above, pursuant to ERISA.

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My request includes, but is not limited to the following categories of documents:

- (1) All claim forms (including attachments, supplements, additions or addenda) for this claim;
- (2) All medical providers' or other physicians' statements, reports, records, correspondence, memoranda, and/or e-mail regarding this claim;
- (3) All electronic or written claim logs, case summaries, or other means of recording events, documents, discussions, reviews or decisions relating to this claim;
- (4) All notes, correspondence, memos and/or any other documents of any employee, agent, consultant or contractor, or any other person having any

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 237 of 1248**

Re: Bethany Coleman-Fire

Date: June 7, 2017

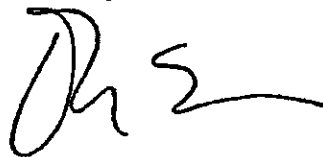
Page 2 of 2

- affiliation with Standard who took any part in making the decision on this claim;
- (5) All notes, correspondence, memos and/or any other documents of any consultant, physician, medical professional or any other individual consulted, retained or otherwise utilized by Standard in analyzing or making any benefits determination for this claim;
  - (6) All documents, including **photographs, videos, summaries, audiotapes, transcripts, or other records** demonstrating or containing the results of any investigation of the claimant or this claim;
  - (7) All medical journals, articles, literature or studies that were received, reviewed or relied on by Standard or any physician or other medical professional hired or retained by Standard in evaluating this claim;
  - (8) All correspondence or other documents received by Standard or sent by any other person, entity or organization involved in the determination of this claim;
  - (9) All notes, correspondence, memos and/or any other documents concerning this claim which are in Standard's possession or control; and
  - (10) All written statements of Standard's or the Plan's policies or other written guidance or guidelines relating to the condition(s) or diagnosis of the claimant's condition(s), whether or not such statements were relied on in making the benefit determination in this case (see 29 C.F.R. § 2560.503-1(m)(8)(iv)).

I also request that Standard provide me with a **complete copy of the Long Term Disability plan that was in effect as of the date Ms. Coleman-Fire applied for benefits under the plan and copies of all amendments and addenda to the plan on or subsequent to that date.**

Kindly produce these documents within 30 days of the date of this letter, pursuant to ERISA. You are welcome to provide the aforementioned documents (Mac compatible) on USB drive in lieu of a paper file.

Sincerely,



Megan E. Glor

cc: Bethany Coleman-Fire

Standard Insurance Company

Independent Review Request  
For the Administrative Review Unit

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------|--|
| Claimant<br><b>Bethany Coleman Fire</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Claim No.<br><b>00VW3181</b>                                                                                                                                      |                  | Policyholder<br><b>PSET on behalf of Davis Wright Tremain</b>                                                       |  |
| Analyst<br><b>Necole Suzuki</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Ext.<br><b>3198</b>                                                                                                                                               | Team<br><b>C</b> | Routing Code<br><b>C11</b>                                                                                          |  |
| Supervisor Name and Extension<br><b>Laura Smith x7584</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Current Claim Status: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Denied <input type="checkbox"/> Active <input type="checkbox"/> Pending |                  |                                                                                                                     |  |
| Type of Claim: <input checked="" type="checkbox"/> LTD <input type="checkbox"/> STD Insured <input type="checkbox"/> Waiver <input type="checkbox"/> STD ASO <input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| <b>REFERRAL CHECK LIST- TO BE COMPLETED BY ANALYST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Policy in File or on AdminEASE: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Current Analyst Score (Claim Analytics):                                                                                                                          |                  |                                                                                                                     |  |
| Policy Effective Date: <b>1/1/13</b> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Cmnt = OK                                                                                                                                                         |                  |                                                                                                                     |  |
| State Policy Sitused: <b>WA</b> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| ERISA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Decision Letter in File: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Date of Letter: <b>6/15/16</b> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Type of Decision: <input checked="" type="checkbox"/> Closure <input type="checkbox"/> Denial <input type="checkbox"/> Overpayment <input type="checkbox"/> Other <b>Mental Limitation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| If Closure, date claim closed or is expected to close:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Request for Review in File: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date Request Received: <b>12/12/16</b> ✓ - 1/4/17                                                                                                                 |                  |                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Request received within allowable 180-day Period: <input checked="" type="checkbox"/>                                                                             |                  |                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Requested by: <input type="checkbox"/> Claimant <input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Other:                                      |                  |                                                                                                                     |  |
| Read the entire written request and determined it is a true appeal: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Changed Proclaim Reason Code to 2: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Reviewed all info submitted and was unable to process an overturn: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Verified the decision meets the expectations outlined in the ARU Referral Procedures <u>LTD Contested Claim Tools</u> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| ASO/ATP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Specify special handling and ASO/ATP contacts                                                                                                                     |                  |                                                                                                                     |  |
| Special Handling <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Date Referred To ARU<br><b>12/19/16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Other Comments<br><b>PREVIOUS REVIEW BY DAWN SCHONBERG</b>                                                                                                        |                  |                                                                                                                     |  |
| <b>ARU Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Claimant Age/Sex (i.e. 48/F)<br><b>33/F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date Claim Received<br><b>12/26/14</b>                                                                                                                            |                  | Reason For Request<br><b>M D/O LIMIT</b>                                                                            |  |
| Own Occupation<br><b>ASSOCIATE ATTORNEY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Diagnoses<br><b>Mental D/O</b>                                                                                                                                    |                  | Review Language<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |
| Assigned To<br><b>MARY CEA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date Assigned<br><b>12/27/16</b>                                                                                                                                  |                  |                                                                                                                     |  |
| Claim or DOL Date<br><b>3/31/17 4/4/17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Specialist Date<br><b>2/14/17</b>                                                                                                                                 |                  | Decision Date<br><b>6-1-17</b>                                                                                      |  |
| Day 45<br><b>2/18/17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Day 60                                                                                                                                                            |                  | Day 90<br><b>4/4/17</b>                                                                                             |  |
| Day 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Comments<br><b>Deferral to 12/31/16 - TIMEFRAMES BASED ON 12/31/16 DEFERRAL DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Phone Log<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Database Entry<br>Created By <b>GLW</b><br>Date <b>12/20/16</b><br>Completed By _____<br>Date _____                                                               |                  | Date Received in ARU (Stamp)<br><b>DEC 20 2016</b>                                                                  |  |
| Associated Claims<br><b>- None -</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Administrative Review Unit                                                                                                                                        |                  |                                                                                                                     |  |
| Outcome:<br><input checked="" type="checkbox"/> Upheld <input type="checkbox"/> O/T based on new PC opinion <input type="checkbox"/> Other _____<br><input type="checkbox"/> Returned fibro protocol not followed <input type="checkbox"/> O/T based on new vocational information<br><input type="checkbox"/> Returned pre-ex protocol not followed <input type="checkbox"/> O/T based on new financial information<br><input type="checkbox"/> Returned referral criteria not met <input type="checkbox"/> O/T based on new VCM opinion<br><input type="checkbox"/> O/T based on new medical evidence <input type="checkbox"/> O/T for other reasons _____ |  |                                                                                                                                                                   |                  |                                                                                                                     |  |

**EXHIBIT 1****PART 1 of 2****Page 239 of 1248**

(7/15)



TheStandard®

June 1, 2017

Megan Glor  
707 NE Knott St.  
Ste. 101  
Portland, OR 97212

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim. This was an independent review conducted separately from the individuals who made the original determination. After considering all of the available information and the provisions of the Group Policy applicable to Ms. Coleman-Fire's LTD claim we find the decision to close her claim is correct. What follows is an explanation of our findings.

Ms. Coleman-Fire ceased working as an attorney on May 20, 2014, and claimed Disability due to post-concussion syndrome after being hit by a car in February 2014. In addition, Ms. Coleman-Fire stated she was unable to work due to depression, anxiety, whiplash, headaches, fatigue, neck pain and back pain. In August 2014 Ms. Coleman-Fire returned to part-time work stating she was unable to work full-time due to slowed cognitive processing.

As explained in prior correspondence, Ms. Coleman-Fire's LTD claim was approved and benefits were issued through December 12, 2014, based on the determination she was unable to work full-time as an attorney due to sequelae from her traumatic brain injury/post-concussion syndrome. In December 2015 you requested a review of The Standard's determination to close Ms. Coleman-Fire's LTD claim. In her letter of April 22, 2016, Senior Benefits Review Specialist Dawn Schonberg explained the Administrative Review Unit concluded the information in Ms. Coleman-Fire's claim file supported impairment due to anxiety and depression that precluded her from working as an attorney more than 40 hours per week. Therefore, her LTD claim was reopened and benefits were issued in accordance with the terms of the Professional Services Employer Group Policy.

As explained in Senior Disability Claim Specialist Necole Suzuki's correspondence, dated June 15, 2016, the terms of the Professional Services Employer Group Policy provide payment of LTD Benefits is limited to a maximum of 24 months for a Disability caused or contributed to by a Mental Disorder. Ms. Suzuki further explained the information in Ms. Coleman-Fire's claim file supports she became Disabled due to a Mental Disorder as of September 16, 2014. Therefore, the 24 month period LTD Benefits were payable for Disability due to a Mental Disorder ended on September 15, 2016. Therefore, The Standard paid LTD Benefits through that date and closed Ms. Coleman-Fire's claim.

By letter dated December 30, 2016, you requested a review of The Standard's decision to close Ms. Coleman-Fire's LTD claim. It is your assertion Ms. Coleman-Fire continues to experience

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Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
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STND 18-03985-000240

Megan Glor  
Re: Bethany Coleman-Fire

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June 1, 2017

symptoms due to traumatic brain injury/ post-concussion syndrome, her condition has not improved and is disabling. In support of your assertion you provided a neuropsychological evaluation performed by Dr. Glenn Goodwin in November 2016 and the statement of family practice physician Dr. James Chesnutt dated December 5, 2016. In addition, you provided statements of impairment written by Ms. Coleman-Fire and her spouse Leora Coleman-Fire, photographs from the accident in February 2014 and a copy of the Oregon Employment Department Administrative Decision dated November 2016.

In accordance with the terms of the Professional Services Employer Group Policy, to be eligible for LTD Benefits Ms. Coleman-Fire must be unable to perform her Own Occupation. The Own Occupation Definition of Disability states:

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.

Note, You are not Disabled merely because your right to perform your Own Occupation is restricted including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

As previously noted in this letter, the Professional Services Employer Group Policy limits payment of LTD Benefits to 24 months. As of September 15, 2016, Ms. Coleman-Fire had received the maximum amount of LTD Benefits payable for Disability due to a Mental Disorder.

During the Administrative Review Unit's review we considered all of the information in Ms. Coleman-Fire's claim file and the provisions of the Group Policy applicable to her LTD claim. During our review we obtained the raw data and test scores from the neuropsychological

Megan Glor  
Re: Bethany Coleman-Fire

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June 1, 2017

evaluation performed by Dr. Goodwin and we had Ms. Coleman-Fire's claim file reviewed by two neuropsychologists. The focus of our review was to determine if the information in Ms. Coleman-Fire's claim file supports functional impairment due to a traumatic brain injury/post-concussion syndrome that in the absence of her mental disorders, anxiety and depression, are of a severity as to preclude her from working as an attorney for any employer.

The information in Ms. Coleman-Fire's claim file documents she was hit by a car while walking her dog on February 19, 2014. She was evaluated at Legacy Emanuel Hospital where it was noted she did not sustain loss of consciousness, had no amnesia, no lightheadedness and no memory loss. At that time, Ms. Coleman-Fire was described as alert and she reported symptoms of nausea and headache. Her Glasgow Coma Scale score was 15 which is indicative of mild traumatic brain injury symptoms. A head CT was obtained and was negative for any intracranial injury.

The day after the MVA Ms. Coleman-Fire was evaluated by her primary care physician. The assessment was concussion, vertigo, anxiety, nausea, soft tissue injury and neck sprain. Recommendations included Tylenol, Flexeril, physical therapy and massage therapy.

On March 3, 2014, a neurological evaluation was performed by Dr. Catherine Ellison. At that time, Ms. Coleman-Fire reported she did not remember the accident. Ms. Coleman-Fire reported vertigo had resolved with physical therapy but she continued to have symptoms of dizziness, feeling out of focus, and mild headache. The neurological examination was normal. Dr. Ellison's assessment was post-concussion syndrome.

Ms. Coleman-Fire was initially evaluated by Dr. James Chesnutt, family practice and sports medicine physician, in April 2014. At that time, she reported difficulty working and feeling extremely fatigued after working 3 hours. Dr. Chesnutt's assessment was post-concussion headache. At that time, Dr. Chesnutt administered the Sport Concussion Assessment Tool (SCAT) a self report of Ms. Coleman-Fire's subjective symptoms. Her score in April 2014 was 71/150. Occupational therapy, physical therapy and speech therapy were recommended.

Chart notes dated April 2014 from physical therapy, occupational therapy and speech therapy document Ms. Coleman-Fire's report of numerous symptoms including fatigue, headaches, noise sensitivity, an out of body feeling, problems with balance, dizziness, problems with vision and difficulty reading. These chart notes document with treatment, by September 2014 many of Ms. Coleman-Fire's symptoms had improved.

The information in Ms. Coleman-Fire's claim file documents, as of December 2014 she was working as an attorney 40 hours per week. In December 2014 Dr. Chesnutt again administered the SCAT. At that time, Ms. Coleman-Fire's score was 13/150.

In February 2015 Ms. Coleman-Fire reported to occupational therapy the only thing she could think about was work stress. In March 2015 Dr. Chesnutt again administered the SCAT to Ms. Coleman-Fire. At that time, Ms. Coleman-Fire's score was 51/150. In May 2015 Ms. Coleman-Fire reported to occupational therapy she continued to experience stress at work which caused extreme fatigue. She also stated she felt "out of body" when tired or stressed at work.

Occupational therapy records from June, July and August 2015 document Ms. Coleman-Fire continued to report work related stress, difficulty working 40 hours per week, feeling extremely



Megan Glor  
Re: Bethany Coleman-Fire

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fatigued due to work and her job being demanding. In addition, Ms. Coleman-Fire reported symptoms of visual problems and forgetfulness.

Medical records from Dr. Uppal, primary care physician, dated September 2014 document Ms. Coleman-Fire's report that Dr. Chesnutt had recommended she be on an antidepressant medication. This chart note documents Ms. Coleman-Fire was experiencing crying spells. Dr. Uppal's assessment was adjustment disorder with depressed anxious mood. Cymbalta was prescribed and psychotherapy was recommended.

Throughout calendar year 2015 Dr. Uppal continued to prescribe antidepressant medication as well as Trazadone to assist with sleep. These chart notes document Ms. Coleman-Fire was participating in weekly psychotherapy and as of August 2015 she reported Wellbutrin was working effectively.

Due to her reports of difficulty with concentration, memory and reading, Ms. Coleman-Fire underwent neuropsychological evaluation with Dr. Sara Walker, PhD in April 2015. At that time, Ms. Coleman-Fire reported symptoms of severe anxiety and moderately severe depression. On the Personality Assessment Inventory (PAI) Ms. Coleman-Fire obtained a high score on a scale designed to measure inconsistent reporting. At that time, Dr. Walker thought the inconsistent reporting was attributable to poorly sustained visual attention of her patient. The PAI was, otherwise, not interpretable due to the inconsistent reporting. Dr. Walker concluded the cognitive testing demonstrated Ms. Coleman-Fire had many superior abilities including memory and intellect.

Ms. Coleman-Fire was reevaluated by Dr. Walker in December 2015. At that time, evaluation of anxiety symptoms was normal and she only reported symptoms of moderate depression. When possible, Dr. Walker administered alternative tests to those administered in April 2015. It was noted, on some tests Ms. Coleman-Fire's scores improved, while on other tests her scores declined. The overall impression in December 2015 was mild neurocognitive disorder due to traumatic brain injury.

In February 2016 The Standard had Ms. Coleman-Fire's claim file reviewed by neuropsychologist Dr. Lawrence Binder. In his narrative report Dr. Binder noted since the time of her injury, in February 2014 Ms. Coleman-Fire's SCAT scores have fluctuated with her reports of minimal symptoms 13/150 in December 2014 followed by reports of increasing symptoms 51/150 in March 2015. Likewise, Ms. Coleman-Fire's reports of visual disturbances with abnormal scores in 2014 followed by a gradual improvement in visual scores in 2015, then followed by a reported decline in saccadic function in June of 2015. Then 3 months later Ms. Coleman-Fire's scores normalized. Dr. Binder explained these fluctuations in scores are not consistent with a traumatic brain injury. Furthermore, to the extent Ms. Coleman-Fire experienced impairment due to traumatic brain injury/post-concussion syndrome, Dr. Binder stated the medical records support as of December 2014 that impairment had resolved. After December 2014 any impairment Ms. Coleman-Fire may have been experiencing was due to anxiety, depression and stress.

In addition to having Ms. Coleman-Fire's claim file reviewed by a neuropsychologist, The Standard also had her claim file reviewed by neurologist Dr. Morad Daniel. In his memo of February 22, 2016, Dr. Daniel noted the medical evidence documents the residuals of Ms. Coleman-Fire's mild traumatic brain injury and post-concussion syndrome, to include: dizziness, headaches, visual disturbances, and subjective cognitive and memory issues, had all improved

Megan Glor  
Re: Bethany Coleman-Fire

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significantly as of December 2014. However, Ms. Coleman-Fire may have continued to have impairment from work due to psychiatric issues.

As previously explained in this letter, the previous review by the Administrative Review Unit concluded Ms. Coleman-Fire's mental health disorders of anxiety and depression did preclude her from working as an attorney. Therefore, the prior decision to close her LTD claim was overturned. Ms. Colman-Fire's LTD claim was subsequently closed with payment through September 15, 2016, the end of the 24 month period LTD Benefits were payable for Disability due to a Mental Disorder.

As part of your request for review you provided a neuropsychological evaluation performed by Dr. Glenn Goodwin in November 2016. At that time, Ms. Coleman-Fire described her accident, reported she was pursuing disability benefits due to a medical condition, traumatic brain injury/post-concussion syndrome, but the insurer determined she was impaired due to psychiatric conditions and had discontinued her benefits, and she stated she had ceased working in September 2016 because she was unable to keep up with the workload, pace and expected level of performance. Ms. Coleman-Fire informed Dr. Goodwin she had difficulty with fatigue and cognitive stamina. In addition she reported difficulty with multitasking.

Following neuropsychological testing Dr. Goodwin concluded Ms. Coleman-Fire had demonstrated valid, optimal and consistent effort despite the retention trial on the TOMM being below the desired cutoff.

As part of the Administrative Review Unit's review we had Ms. Coleman-Fire's claim file reviewed by neuropsychologist James Boone. In his report of May 31, 2017, Dr. Boone explained Dr. Goodwin's neuropsychological evaluation is invalid for the following reasons:

Dr. Goodwin's neuropsychological testing results from November 2016 are invalid and not indicative of cognitive impairment. Invalid results were indicated due to failing performance on a freestanding performance validity test (TOMM) and numerous performance inconsistencies that did not make neuropsychological sense. On the TOMM retention trial, Ms. Coleman-Fire implausibly performed worse than any of the 45 TBI subjects in the normative sample (and unlike with Ms. Coleman-Fire, the majority of these TBI subjects also experienced loss of consciousness.

Numerous performance inconsistencies were evident in Dr. Goodwin's examination and between examinations: performing in the Borderline range (PSI=74; 4<sup>th</sup> percentile) on measure of processing speed despite performing in the Average range on these same tasks in April 2015, performing very poorly on a simple visual memory recognition test (TOMM) but exhibiting normal visual memory in May 2015, performing in the 1<sup>st</sup> percentile on a measure of simple sequencing (TMT-A) despite performing solidly in the Average range on the same task in December 2015, performing poorly on a measure of nonverbal memory (CVMT) but exhibiting High Average performance on another sensitive measure of nonverbal memory (BVMT-R) in May 2015. Dr. Goodwin reported that Ms. Coleman-Fire performed in the High Average range on the PASAT (an especially clinically sensitive measure of cognitive impairment, which was inconsistent with significant cognitive difficulties. Ms. Coleman-Fire's declining scores in some areas (e.g., processing speed, sequencing skills, nonverbal



Megan Glor  
Re: Bethany Coleman-Fire

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memory) were also inconsistent with her report to Dr. Goodwin that she had improved over time.

Please note that Ms. Coleman-Fire's declining performance in several areas across her three evaluations (processing speed, sequencing skills, and nonverbal memory) is inconsistent with the typical rapid recovery course of concussion/mild TBI.

The consulting neuropsychologist did not find support for a diagnosis of mild neurocognitive disorder due to TBI.

In addition to Dr. Goodwin's neuropsychological evaluation we have also reviewed the statement of Dr. Chesnutt dated December 5, 2016, in which he agreed with Dr. Goodwin's findings. It is unknown if Dr. Chesnutt reviewed Dr. Goodwin's raw data and test scores. However, Dr. Chesnutt concluded due to weaknesses in processing speed, memory processing, attention and concentration, fatigue and poor stamina, Ms. Coleman-Fire is unable to work as an attorney.

As noted above, a review of Dr. Goodwin's November 2016 neuropsychological evaluation (to include a review of the raw data and test scores) by Dr. Boone and Dr. Binder, found the evaluation to be invalid for the reasons previously outlined. Therefore, we disagree with Dr. Chesnutt's conclusion Ms. Coleman-Fire is disabled and unable to work as an attorney.

We further note Dr. Chesnutt also stated given the length of time since her injury he expects Ms. Coleman-Fire's disability is permanent and to expect only modest improvement.

Dr. Boone has reviewed Dr. Chesnutt's statement and has stated:

Notable, from a factual basis, it is not credible that Ms. Coleman-Fire continues to experience cognitive deficits more than three years after a concussion that was associated with no loss of consciousness, no hospitalization, and no brain scan abnormalities. It was reported that EMS found her to be alert and oriented x 3. It is well documented that an uncomplicated concussion (i.e., a concussion that did not result in brain scan abnormalities) resolves in the vast majority of people within 3 months (McCrea et al, 2013; Redding, Binder, Demakis, Larrabee, 2012; Belanger, Curtis et al, 2015). As McCrea (2008) stated in 'Mild Traumatic Brain Injury and Post-Concussion Syndrome,' the bulk of the evidence indicates that mild traumatic brain injury "is most often followed by a favorable course of cognitive recovery over a period of days to weeks with no indication of permanent impairment on neuropsychological testing by three months post-injury." Dr. Walker also commented "It would be uncommon for symptoms of a mild head injury to persist this long."

Although we have considered Dr. Chesnutt's opinion, we do not find his conclusions to be supported by the contemporaneously maintained medical records, which include Dr. Goodwin's invalid neuropsychological evaluation. Rather, we find the contemporaneously maintained medical records support Ms. Coleman-Fire sustained a mild TBI in February 2014. As of December 2014 she had recovered from the sequelae of her TBI however, she continued to have functional impairment due to anxiety and depression. We do not find medical evidence to support a conclusion Ms. Coleman-Fire continues to have cognitive deficits due to a

Megan Glor  
Re: Bethany Coleman-Fire

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June 1, 2017

neurocognitive disorder that would preclude her from performing her Own Occupation as an attorney for any employer. Therefore, we find the decision to close her LTD claim is correct and must be upheld.

The decision to close Ms. Coleman-Fire's LTD claim has been upheld for the reasons outlined above. Please be assured our review was conducted fairly and objectively taking into consideration all of the available information and the provisions of the Group Policy applicable to her claim. If you so request, we will provide you with copies of records, documents and other information relied upon when making this determination. You also have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act or State law, whichever is applicable.

Ms. Coleman-Fire is entitled to one independent review of the decision to close her LTD claim under the terms of the Group Policy. With this letter we have completed that review and have determined the decision to close her LTD claim was correct. This concludes the independent review process performed by the Administrative Review Unit.

Ms. Coleman-Fire's Group Policy does not provide voluntary alternative dispute resolution options. However, you may contact your local U.S. Department of Labor or State insurance regulatory agency for assistance.

We also want to let you know that upon further investigation other valid reasons for limitation, denial or closure of Ms. Coleman-Fire's LTD claim, which have not been previously considered, may come to our attention. Therefore, Standard Insurance Company reserves the right to consider and assert other valid reasons for limiting, denying or closing her claim should they occur in the future.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
Ph.: (971) 321-7917  
Fax (971) 321-5038  
[mcea@standard.com](mailto:mcea@standard.com)



TheStandard®

May 5, 2017

Megan Glor  
707 NE Knott St.  
Ste. 101  
Portland, OR 97212

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim. At this time, we are continuing our review.

As part of our review we have referred Ms. Coleman-Fire's claim file to a physician consultant who is board certified in psychology for consideration and comment. At this time, that review is continuing.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
(971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
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STND 18-03985-000247

Megan E. Glor  
John C. Shaw  
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**Megan E. Glor**  
Attorneys at Law

Disability ~ Health ~ ERISA ~ Life

707 NE Knott Street  
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Portland, OR 97212  
Fax: (503) 751-2071

April 26, 2017

**By Facsimile (971-321-5038)**

Ms. Mary Cea  
Senior Benefits Review Specialist  
Insurance Services Group - Administrative Review Unit  
Standard Insurance Company  
900 SW Fifth Ave.  
Portland, OR 97204

Re: Claimant: Bethany Coleman-Fire  
Group Policy No.: 445474  
Claim No.: 00VW3181  
**ATTORNEY CHANGE OF ADDRESS/FAX NUMBER**

Dear Ms. Cea:

Our law firm has a new address and new fax number. Our contact information is:

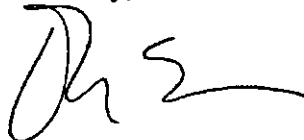
Megan E. Glor, Attorneys at Law  
707 NE Knott Street  
Suite 101  
Portland, OR 97212

Telephone: (503) 223-7400 (unchanged)  
Fax: (503) 751-2071 (new)

Please update your records in the above matter.

Thank you.

Sincerely,



Megan E. Glor

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

# Megan E. Glor

Attorneys at Law

Disability — Health — ERISA — Life

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Portland, OR 97212  
Fax: (503) 751-2071

# Fax

|                                                  |                                |
|--------------------------------------------------|--------------------------------|
| To: Standard, Attn: Ms. Mary Cea                 | From: Megan Glor               |
| Fax #: 971-321-5038                              | Pages Including Cover Sheet: 2 |
| Phone #:                                         | Date: April 26, 2017           |
| Re: Bethany Coleman-Fire, Claim No.:<br>00VW3181 | CC:                            |

|                                 |                                     |                                         |                                       |                                         |
|---------------------------------|-------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Urgent | <input type="checkbox"/> For Review | <input type="checkbox"/> Please Comment | <input type="checkbox"/> Please Reply | <input type="checkbox"/> Please Recycle |
|---------------------------------|-------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------|

Comments:

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TheStandard®

April 17, 2017

Megan Glor  
American Bank Building  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As explained in prior correspondence, we had requested Dr. Goodwin provide the test scores and raw data from the November 2016 neuropsychological evaluation of Ms. Coleman-Fire. We have now received the requested information. Therefore, we have resumed our review of Ms. Coleman-Fire's LTD claim.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
1-800-368-1135 ext. 7917  
Fax: (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888 937.4783

**EXHIBIT 1**  
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STND 18-03985-000250



TheStandard®

March 17, 2017

Megan Glor  
American Bank Building  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

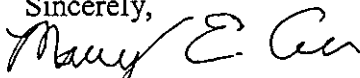
We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As explained in my letter of February 17, 2017, we have requested Dr. Goodwin provide the test scores and raw data from Ms. Coleman-Fire's November 2016 neuropsychological evaluation. As of today's date we have not received the requested information. Therefore, we have faxed a second request to Dr. Goodwin for this information. The requested information is necessary to allow The Standard to complete a full and thorough review of Ms. Coleman-Fire's LTD claim.

In my February 17, 2017, correspondence I further explained as of February 18, 2017, the 45<sup>th</sup> day since the review of Ms. Coleman-Fire's LTD claim was requested, we tolled our review of her claim until we receive the requested information from Dr. Goodwin.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,



Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
Ph. (971) 321-7917  
Fax (971) 321-5038

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Portland OR 97204-1235  
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STND 18-03985-000251



TheStandard®

February 14, 2017

Megan Glor  
621 SW Morrison St., Ste. 300  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Mr. Coleman-Fire's long term disability (LTD) claim. At this time, we are continuing our review.

As part of our review we have referred Ms. Coleman-Fire's claim file to a physician consultant who is board certified in psychology for consideration and comment. We anticipate that review will be completed shortly.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of your STD claim you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
1-800-368-1135 – Ext. 7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 252 of 1248**

STND 18-03985-000252



\*\*\*\*\* -COMM. [REDACTED] NAL- \*\*\*\*\* DATE MAR-20-2017 \*\*\*\*\* TIME 08:19 \*\*\* P.01

MODE = MEMORY TRANSMISSION

START=MAR-20 08:14

END=MAR-20 08:19

FILE NO. = 213

| STN NO. | COM | ABBR NO. | STATION NAME/TEL.NO. | PAGES   | DURATION  |
|---------|-----|----------|----------------------|---------|-----------|
| 001     | OK  | 5        | 914256728655         | 014/014 | 00:04'42" |

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- \*\*\*\*\* -

- \*\*\*\*\*



March 20, 2017

Dr. Glenn Goodwin  
555 Dayton St., Ste. E  
Edmonds, WA 98020

Re: Bethany Coleman-Fire  
DOB [REDACTED]  
Date of Consultation 11/10/16 & 11/11/16

Dear Dr. Goodwin:

We are writing regarding Standard Insurance Company's (The Standard's) request for raw data and tests scores from the neuropsychological evaluation of Ms. Coleman-Fire which you completed in November 2016. We are requested this information be released to Dr. Lawrence /Binder, a consulting psychologist for The Standard. With this letter I have enclosed a copy of Dr. Binder's curriculum vitae.

Please contact me if you have any questions regarding this request.

Sincerely,

*Mary E. Cea*

Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
(971) 321-7917  
Fax (971) 321-5038



TheStandard®

March 20, 2017

Dr. Glenn Goodwin  
555 Dayton St., Ste. E  
Edmonds, WA 98020

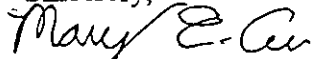
Re: Bethany Coleman-Fire  
DOB [REDACTED]  
Date of Consultation 11/10/16 & 11/11/16

Dear Dr. Goodwin:

We are writing regarding Standard Insurance Company's (The Standard's) request for raw data and tests scores from the neuropsychological evaluation of Ms. Coleman-Fire which you completed in November 2016. We are requested this information be released to Dr. Lawrence /Binder, a consulting psychologist for The Standard. With this letter I have enclosed a copy of Dr. Binder's curriculum vitae.

Please contact me if you have any questions regarding this request.

Sincerely,



Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
(971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937 4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 254 of 1248**

STND 18-03985-000254



TheStandard®

March 20, 2017

Re: Bethany Coleman-Fire

From: Mary E. Cea  
Senior Benefits Review Specialist

I received a VM from Marcie, the office manager for Dr. Goodwin. She stated they had received my request for test date for Bethany Coleman-Fire, but they will only release that information to a psychologist and not a psychiatrist.

I called Marcie and left a VM informing her Dr. Lawrence Binder is a consulting psychologist for Standard Insurance Company. I told Marcie I would fax a copy of Dr. Binder's CV this morning to their office so that they have verification Dr. Binder is a psychologist and not a psychiatrist.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
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STND 18-03985-000255

\*\*\*\*\* -COMM. -\*\*\*\*\* RNAL- \*\*\*\*\* DATE MAR-17-2017 \*\*\*\*\* TIME 09:58 \*\*\* P.01

MODE = MEMORY TRANSMISSION

START=MAR-17 09:57

END=MAR-17 09:58

FILE NO.= 208

| STN NO. | COM | ABBR NO. | STATION NAME/TEL.NO. | PAGES   | DURATION  |
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 TheStandard

March 17, 2017

Megan Glor  
American Bank Building  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As explained in my letter of February 17, 2017, we have requested Dr. Goodwin provide the test scores and raw data from Ms. Coleman-Fire's November 2016 neuropsychological evaluation. As of today's date we have not received the requested information. Therefore, we have faxed a second request to Dr. Goodwin for this information. The requested information is necessary to allow The Standard to complete a full and thorough review of Ms. Coleman-Fire's LTD claim.

In my February 17, 2017, correspondence I further explained as of February 18, 2017, the 45<sup>th</sup> day since the review of Ms. Coleman-Fire's LTD claim was requested, we tolled our review of her claim until we receive the requested information from Dr. Goodwin.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,



Mary E. Cea  
Senior Benefits Review Specialist  
Administrative Review Unit  
Ph. (971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 256 of 1248**

STND 18-03985-000256

\*\*\*\*\* -COMM. [REDACTED] - \*\*\*\*\* DATE MAR-17-2017 \*\*\*\*\* TIME 09:45 \*\*\* P.01

MODE = MEMORY TRANSMISSION

START=MAR-17 09:43

END=MAR-17 09:45

FILE NO.= 206

| STN NO. | COM | ABBR NO. | STATION NAME/TEL.NO. | PAGES   | DURATION  |
|---------|-----|----------|----------------------|---------|-----------|
| 001     | OK  | 2        | 914256728655         | 003/003 | 00:01'30" |

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- \*\*\*\*\* -

- \*\*\*\*\*


**TheStandard**

March 17, 2017

Dr. Glenn Goodwin  
555 Dayton St., Ste. E  
Edmonds, WA 98020

Re: Bethany Coleman-Fire  
DOB [REDACTED]  
Date of Consultation 11/10/16 & 11/11/16

Dear Dr. Goodwin:

I am follow-up to my correspondence to you dated February 17, 2017. At that time, I requested you provide Standard Insurance Company's (The Standard's) consulting psychiatrist with the raw data and test scores from your November 2016 evaluation of Ms. Coleman-Fire. At this time, we have not received the requested information.

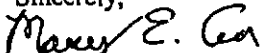
The raw test score data should be sent directly to:

Dr. Lawrence Binder  
Standard Insurance Company  
900 SW Fifth Ave. 8<sup>th</sup> Floor  
Portland, OR 97204.

The raw data will only be reviewed by Dr. Binder and will be kept in a locked file only available to psychologists. It is important The Standard receive this information in order to fully evaluate Ms. Coleman-Fire's eligibility for LTD Benefits.

We appreciate your cooperation and prompt response to this request. If you have any questions please contact me directly at the number below.

Sincerely,



Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group - Administrative Review Unit  
1-800-368-1135 ext. 7917.  
Fax (971) 321-5038

  
TheStandard®

March 17, 2017

Dr. Glenn Goodwin  
555 Dayton St., Ste. E  
Edmonds, WA 98020

Re: Bethany Coleman-Fire  
DOB [REDACTED]  
Date of Consultation 11/10/16 & 11/11/16

Dear Dr. Goodwin:

I am follow-up to my correspondence to you dated February 17, 2017. At that time, I requested you provide Standard Insurance Company's (The Standard's) consulting psychiatrist with the raw data and test scores from your November 2016 evaluation of Ms. Coleman-Fire. At this time, we have not received the requested information.

The raw test score data should be sent directly to:

Dr. Lawrence Binder  
Standard Insurance Company  
900 SW Fifth Ave. 8<sup>th</sup> Floor  
Portland, OR 97204.

The raw data will only be reviewed by Dr. Binder and will be kept in a locked file only available to psychologists. It is important The Standard receive this information in order to fully evaluate Ms. Coleman-Fire's eligibility for LTD Benefits.

We appreciate your cooperation and prompt response to this request. If you have any questions please contact me directly at the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
1-800-368-1135 ext. 7917.  
Fax (971) 321-5038

  
The Standard®

February 17, 2017

Dr. Glenn Goodwin  
555 Dayton St., Ste. E  
Edmonds, WA 98020

Re: Bethany Coleman-Fire  
DOB [REDACTED]  
Date of Consultation 11/10/16 & 11/11/16

Dear Dr. Goodwin:

We are writing regarding Ms. Coleman-Fire's claim for long term disability (LTD) benefits with Standard Insurance Company (The Standard).

At this time, we are in receipt of your evaluation of Ms. Coleman-Fire dated November 10, 2016, and November 11, 2016. The consulting psychiatrist who is reviewing this information has requested you provide all test scoring and computer software output from this evaluation. The raw test score data should be sent directly to:

Dr. Lawrence Binder  
Standard Insurance Company  
900 SW Fifth Ave. 8<sup>th</sup> Floor  
Portland, OR 97204.

The raw data will only be reviewed by Dr. Binder and will be kept in a locked file only available to psychologists.

We appreciate your cooperation and prompt response to this request. If you have any questions please contact me directly at the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
1-800-368-1135 ext. 7917.  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 259 of 1248**

STND 18-03985-000259

  
TheStandard®

February 17, 2017

Megan Glor  
American Bank Bldg.  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 645474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As you are aware, we have asked you to provide additional information from Dr. Goodwin. Your office contacted us today and stated we should request that information directly from Dr. Goodwin. Therefore, we are in the process of contacting Dr. Goodwin's office to obtain the raw data from the neuropsychological evaluation he performed in November 2016.

We note prior correspondence from The Standard indicated the review of Ms. Coleman-Fire's LTD claim would be completed within 45 days after the request for review was received. The 45<sup>th</sup> day is February 18, 2017. However, the terms of the Professional Services Employer Group Policy allow up to 90 days for a review to be completed. As noted above, we are in the process of obtaining additional information from Dr. Goodwin. It is necessary we review the requested information prior to completing our review of Ms. Coleman-Fire's LTD claim. Therefore, as of February 18, 2017, we will toll our review of Ms. Coleman-Fire's LTD claim until such time as we receive the requested information from Dr. Goodwin. Upon receipt of that information we will resume our review of her claim.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim you may contact me in writing or the number below.

Sincerely,



Mary E. Lea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
Ph.: (971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 260 of 1248**

STND 18-03985-000260



TheStandard®

February 15, 2017

Megan Glor  
American Bank Bldg.  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 645474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As mentioned in my voice mail of February 14, 2017, we are requesting all test scoring and computer software output from Dr. Glenn Goodwin's neuropsychological evaluation performed on November 10, 2016, and November 11, 2016. The raw test score data should be sent directly to:

Dr. Lawrence Binder, PhD.  
Standard Insurance Company  
900 SW Fifth Ave.  
Floor C8  
Portland, OR 97204

The raw data will only be reviewed by Standard Insurance Company psychologists and will be kept in a locked file, available only to psychologists.

We appreciate your cooperation and prompt response to this request. If you have any questions please contact me directly at the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
(971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 261 of 1248**

STND 18-03985-000261

TheStandard®

February 14, 2017

3:45 pm

Re: Bethany Coleman-Fire

I called the law office of Megan Glor and left a VM requesting they provide all raw data and tests scores form Dr. Goodwin's November 2016 neuropsychological evaluation. I left my number and requested a return call.

*February 16, 17*

*I received a VM fr Megan Glor's office asking  
The Standard to request the test scores directly  
fr. Dr. Goodwin.*

TheStandard®

February 14, 2017

Megan Glor  
American Bank Bldg.  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employer  
Group Policy No.: 645474  
Claim No.: 00VW3181

Dear Ms. Glor:

We are writing regarding the Administrative Review Unit's review of Standard Insurance Company's (The Standard's) decision to close Ms. Coleman-Fire's long term disability (LTD) claim. At this time, we are continuing our review.

As part of our review we have referred Ms. Coleman-Fire's claim file to a physician consultant who is board certified in psychology for consideration and comment. At this time, that review is continuing.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
(971) 321-7917  
Fax (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4793

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 263 of 1248**

STND 18-03985-000263



TheStandard®

January 4, 2017

Megan Glor  
American Bank Building  
621 SW Morrison St., Ste. 900  
Portland, OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employee  
Group Policy No.: 445474  
Claim No.: 00VW3181

Dear Ms. Glor:

Standard Insurance Company's (The Standard's) goal is to treat all claims fairly. Ms. Coleman-Fire's claim file has been referred to the Administrative Review Unit for a review of The Standard's decision to close her long term disability (LTD) claim. This is an independent review conducted separately from the individuals who made the original claim determination.

We attempt to complete all claim reviews within 45 days after the request for review was received. We received your request for review and the supporting documents on January 4, 2017. Therefore, the 45<sup>th</sup> day will occur on February 17, 2017. However, please be aware the terms of Ms. Coleman-Fire's Group Policy allow up to 90 days for a review to be completed. If we are unable to complete our review by February 17, 2017, we will provide you a written explanation as to why.

As part of our review we will refer Ms. Coleman-Fire's claim file to a physician consultant for consideration and comment. The consulting physician will be one who has not previously reviewed her claim file.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit  
(971) 321-7917  
Fax – (971) 321-5038

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 264 of 1248**

STND 18-03985-000264

\*\*\*\*\* -COMM. JOURNAL- \*\*\*\*\* DATE JAN-04-2017 \*\*\* TIME 11:18 \*\*\* P.01

MODE = MEMORY TRANSMISSION

START=JAN-04 11:17

END=JAN-04 11:18

FILE NO. = 046

| STN NO. | COM | ABBR NO. | STATION NAME/TEL.NO. | PAGES   | DURATION  |
|---------|-----|----------|----------------------|---------|-----------|
| 001     | OK  | 2        | 95032272530          | 001/001 | 00:00'31" |

\*\*\*\*\* - \*\*\*\*\* - \*\*\*\*\*



TheStandard

January 4, 2017

Megan Glor  
 American Bank Building  
 621 SW Morrison St., Ste. 900  
 Portland, OR 97205

Re: Bethany Coleman-Fire  
 Professional Services Employee  
 Group Policy No.: 445474  
 Claim No.: 00VW3181

Dear Ms. Glor:

Standard Insurance Company's (The Standard's) goal is to treat all claims fairly. Ms. Coleman-Fire's claim file has been referred to the Administrative Review Unit for a review of The Standard's decision to close her long term disability (LTD) claim. This is an independent review conducted separately from the individuals who made the original claim determination.

We attempt to complete all claim reviews within 45 days after the request for review was received. We received your request for review and the supporting documents on January 4, 2017. Therefore, the 45<sup>th</sup> day will occur on February 17, 2017. However, please be aware the terms of Ms. Coleman-Fire's Group Policy allow up to 90 days for a review to be completed. If we are unable to complete our review by February 17, 2017, we will provide you a written explanation as to why.

As part of our review we will refer Ms. Coleman-Fire's claim file to a physician consultant for consideration and comment. The consulting physician will be one who has not previously reviewed her claim file.

We will continue to send you periodic updates regarding the status of our review. When we have completed our review you will be notified in writing. If you have any questions regarding the review of Ms. Coleman-Fire's LTD claim, you may contact me in writing or the number below.

Sincerely,

Mary E. Cea  
 Senior Benefits Review Specialist  
 Insurance Services Group - Administrative Review Unit  
 (971) 321-7917  
 Fax - (971) 321-5038

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

# Megan E. Glor

## Attorneys at Law

Disability ∞ Health ∞ ERISA ∞ Life

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

December 30, 2016

**Letter By First Class Mail and Facsimile (letter only)**

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235  
Attn: Necole Suzuki, FLHC, Sr. Disability Claim Specialist

Re: Bethany Coleman-Fire  
Appeal of Decision Terminating Disability Claim  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Suzuki:

This is Ms. Coleman-Fire's appeal of Standard's decision terminating her disability claim and benefits, communicated by letter dated June 15, 2016. Standard concluded that any cognitive impairment Ms. Coleman-Fire has had after December 2014 is not due to sequelae from her traumatic brain injury/post-concussive syndrome ("TBI/PCS"), but is due to anxiety and depression. Standard terminated benefits effective September 16, 2016.

Ms. Coleman-Fire's December 2015 appeal of Standard's July 2015 termination decision addresses at length the medical records that confirm that Ms. Coleman-Fire's disabling medical condition is TBI/PCS, resulting from her accident of February 19, 2014 — she was struck by a car while walking her dog. Her head struck the windshield of the car that hit her with such impact that the car's windshield was broken, as the enclosed photograph shows.

Ms. Coleman-Fire has received extensive treatment and evaluation. She was seen immediately after the accident in the Emergency Room of Legacy Emanuel Hospital with nausea and headache and a left posterior parietal scalp hematoma. She was diagnosed with a concussion and prescribed Zofran for nausea. The accident resulted in significant impact with immediate concussion symptoms.

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JAN 03 2017  
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PART 1 of 2  
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December 30, 2016

Re: Bethany Coleman-Fire

Page 2 of 8

Ms. Coleman-Fire was followed by her internist, Dr. Richard Uppal, and received extensive physical therapy, occupational therapy, speech therapy and visual therapy, and was evaluated by neurologists Dr. Catherine Ellison in March 2014 and Dr. Jeffrey Brown in April 2014. Dr. Ellison's diagnoses included post head trauma/post concussion symptoms with nausea, headache, severe fatigue, daytime sleepiness, and difficulty with cognitive processing. Dr. Brown diagnosed benign paroxysmal positional vertigo, daily headaches, dizziness and possible vestibular lesion (such as posttraumatic hydrops or vestibular neuronitis). Ms. Coleman-Fire also established care with Dr. Sean Robinson, a concussion/PCS specialist with the Oregon Health & Science University sports medicine clinic in April 2014. In September 2014, she began to treat with Dr. James Chesnutt with the same clinic and has seen Dr. Chesnutt for the past 2 ½ years. These providers have documented Ms. Coleman-Fire's continuing symptoms and difficulties associated with TBI/PCS.

Sara Walker, Ph.D., administered a neuropsychological evaluation on April 27, 2015, which revealed weaknesses in efficiently recalling information, difficulty sustaining auditory and visual attention, shifting attention efficiently and approaching complex problem-solving. Dr. Walkner found Ms. Coleman-Fire's anxiety and depression understandable reactions to her cognitive and functional difficulties. On December 11, 2015, Dr. Chesnutt noted Ms. Coleman-Fire's symptoms had persisted for a year and nine months and that she was not tolerating full time work well. He recommended she consider taking a medical leave of absence to allow for recovery and concluded she was likely to have a persistent disability.

Dr. Walker performed a second neuropsychological evaluation on December 16, 2015, and met with Ms. Coleman-Fire on January 12, 2016. Ms. Coleman-Fire was billing approximately 40% of a full time position and was "absolutely cooked" after working a six-hour day. She struggled with diminished energy and cognitive problems in visual attention, visual scanning, auditory working memory, and maintaining attention.

The enclosed records reveal that Ms. Coleman-Fire's condition has not improved significantly and that her TBI/PCS symptoms continue and are disabling. Enclosed please find:

1. Dr. James Chesnutt, report and letter dated December 5, 2016 (6 pages);
2. Dr. Chesnutt's resume (26 pages);
3. Neuropsychological report of Dr. Glenn Goodwin, November 10 and 11, 2016 (17 pages);
4. Photograph of the motor vehicle that struck Ms. Coleman-Fire (1 page);
5. Statement of Bethany Coleman-Fire, dated December 28, 2016 (2 pages)

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**JAN 03 2017 EXHIBIT 1  
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December 30, 2016

Re: Bethany Coleman-Fire

Page 3 of 8

6. Oregon Employment Department Administrative Decision, November 23, 2016 (2 pages);
7. Statement of Leora Coleman-Fire, dated December 28, 2016 (2 pages).

Dr. Glenn Goodwin interviewed Ms. Coleman-Fire and administered neuropsychological testing over two days in November 2016. Ms. Coleman-Fire reported her main concerns as susceptibility to fatigue and a diminished sense of cognitive stamina. She reported continuing sleep disturbance, posttraumatic headaches, visual changes and mild photophobia and sensitivity to light and sound since the accident. She felt her improvement had plateaued. She described "some difficulty with processing speed that seems to be having a more general effect on other cognitive areas" difficulty with attention and concentration and some residual memory problems such as losing her train of thought. She felt less adept at executive functions (organization, planning and prioritizing), had noticed difficulty with expressive speech, primarily word finding, and "exerts more effort to concentrate." With reading, she "noted difficulty with visual tracking" and "feels that she is not able to remember written material as well as she used to." Her reading was slower, and while she had been a very avid reader, she "is just not able to keep up with reading for long lengths of time and...gets completely exhausted when she tries to do that." She felt slower with mental arithmetic reasoning. "Again, susceptibility to fatigue is a major issue that has an adverse effect overall in terms of her execution of cognitive functions."

Comparing his own test results to the prior results obtained by Dr. Walker, Dr. Goodwin noted that "[o]verall intellectual functioning continues to be stable with no significant changes." He identified some areas of decline on processing speed, Trail Making Test Part B, total recall on the CVLT-II and on long delay recognition on the CVLT-II. He found "significant improvement on a single task of divided attention, freedom from interference and processing speed (Stroop)" and generally better performance in reasoning and problem solving, but with differences in the instrumentation used. He noted that visuospatial memory appeared to be worse, which he attributed to difficulty with "the instrument used in this current study."

Dr. Goodwin found that his neurocognitive test results showed "quite a bit of similarity in the profile patterns as compared to her two previous neuropsychological studies" and "also some differences, most likely related to normal variability seen on serial testing." He pointed out:

[N]europsychological testing is conducted in a laboratory setting in an environment free of distraction, with the assistance of a helpful test administrator, performing one task at a time. This is often not analogous to the more complex demand characteristics in a busy law office as has been described by

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JAN 03 2017 EXHIBIT 1  
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December 30, 2016

Re: Bethany Coleman-Fire

Page 4 of 8

Coleman-Fire in her prior employment. As such, neuropsychological testing in some cases may not be sensitive or specific enough to capture problems in neuropsychological functioning, especially with respect to executive functioning. Given the validity of this study, there is no reason to discount her subjective complaints.

Dr. Goodwin concluded:

In summary, I think it is quite clear that Ms. Coleman-Fire is not work tolerant from a neuropsychological standpoint with respect to the type of competitive employment situation she was in at the time of this injury event. Residuals stemming from the history of traumatic brain injury are the primary underlying health issues that she is dealing with.

The issue in this case is not that she lacks the general cognitive capacity for employment in her profession, but she has a number of areas of neurocognitive impairment that would preclude her ability to execute adequate cognitive functioning day in and day out in a stressful environment, where there is pressure to perform at a high level.

Dr. Goodwin did not find substantial psychological symptoms. He noted that Ms. Coleman-Fire “is not really endorsing signs and symptoms of depression”, “is not really having any symptoms of any generalized anxiety” and “is not experiencing any symptoms of panic.” The testing confirmed minimal anxiety, improvement in the level of depression, from moderate (previous testing) to minimal on the current study. Dr. Goodwin stated that the “psychological test data reveals [that Ms. Coleman-Fire has an] understandable level of concern about health issues.” He explained: “I do not see that this is excessive, but given her underlying health conditions, with continuing neuropsychological issues related to the history of traumatic brain injury, this appears quite appropriate.” Dr. Goodwin found Ms. Coleman-Fire to be “quite pleasant and genuine in her clinical presentation” and noted “there was no hint of over involvement in symptomatology nor any sense of secondary gain in her demeanor.”

Ms. Coleman-Fire has seen Dr. James Chesnutt for evaluation and treatment of her TBI/PCS since spring 2014. Dr. Chesnutt is sports medicine physician with interest and specialty in concussion. He serves as Medical Director of the OHSU Concussion Program and Co-Chair of the OHSU Traumatic Brain Injury Initiative and has several funded research studies in this field.

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December 30, 2016

Re: Bethany Coleman-Fire

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Dr. Chesnutt summarized his treatment of Ms. Coleman-Fire and his impressions in the enclosed letter, dated December 5, 2016. He notes that when he saw her in December 2015, “[i]t seemed clear to me [she] was not tolerating full time work well and was inefficient relative to her usual performance” and that he “was doubtful she would be able to continue with her demanding law practice and recommended she consider a medical leave of absence to see if her symptoms would improve.” Dr. Chesnutt explains he “felt she would probably have a persistent disability” at that time.

He explains he “next saw Ms. Coleman-Fire on May 13, 2016, two months into a leave from work.” He states that her “SCAT score of 38 reflected an improvement that I attribute to rest she received while on leave” and that he “was not optimistic the improvement she experienced would persist upon a return to work.” In fact, he explains, she struggled after returning to work at “60 percent of her pre-accident workload and her symptoms returned and worsened.” He explains that as of December 5, 2016, when he saw her again:

She had continued to struggle at work since her last appointment, so much so that her employment terminated in September. Her performance was not acceptable to her law firm, as she recognized. It was agreed her separation would be considered mutual.

Based upon his review of Dr. Goodwin’s report, Dr. Chesnutt stated:

Dr. Goodwin’s findings are generally consistent with my observations and do not surprise me. I agree with his conclusion that due to relative cognitive weaknesses, particularly in processing speed, memory processing and attention and concentration, complex visual learning (as well as due to fatigue and a lack of stamina when she tries to work) she is unable to work in her prior occupation, which was stressful and demanded excellent cognition. Here it is important to bear in mind that by all accounts she thoroughly enjoyed her career and struggled mightily to continue to work even after I suggested she take a medical leave.

Given that the length of time since her injury I expect this disability to be permanent and would expect only modest, if any, improvement.

Bethany and Leora Coleman-Fire’s enclosed statements are entirely consistent with all of these records. Bethany Coleman-Fire explains: “The “challenges I outlined in my statement

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December 30, 2016

Re: Bethany Coleman-Fire

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Ms. Coleman-Fire explains that she attempted to continue working despite these problems:

I continued to use all of the coping mechanisms described above and all of the tools that I learned in occupational therapy but even diligently making these efforts, I could not meet the daily demands of my job. Every month I fell further behind in meeting my billable hour requirement, even though DWT had required I further reduce my billable hours, from 75% to 60% of full-time, starting January 1, 2016.

Leora Coleman-Fire confirms:

When she was still at DWT, every day seemed like a major struggle to simply make it through the day. We would talk multiple times during the day to try to help her organize her thoughts and strategize how she was going to stay on track. However, it seemed like the more pressure she had to complete a particular task within a short period of time, the more things seemed to fall apart. She had typos in her work, missed questions that she was supposed to answer, or missed deadlines altogether. Any additional pressure from DWT to meet her billable goal or make up her hours or respond to emails and phone calls more quickly, made things worse.

Bethany Coleman-Fire describes her supervising attorneys’ criticism of her inadequate performance in a meeting that they requested in September 2016. She identifies their negative feedback with regard to timeliness in responding to communications and completing assignments, failing to fully complete assignments, lack of organization in her work, failing to meet billable hour requirements, inability to meet the time-pressured deadlines. She explains that “[t]his meeting ultimately resulted in the mutual decision that I should leave DWT because I

December 30, 2016

Re: Bethany Coleman-Fire

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was not meeting expectations for my position and there were no further actions DWT could take to accommodate me.” She states: “I did absolutely everything I could to try to continue my employment with the firm. However, my fatigue and difficulties reading and maintaining attention and organization were too significant to overcome in a private practice environment.”

The Oregon Employment Department’s enclosed Administrative Decision allowing Ms. Coleman-Fire’s unemployment claim to proceed confirms that the issue was Ms. Coleman-Fire’s inadequate performance: “You were employed by DAVIS WRIGHT TREMAINE LLP until September 16, 2016 when you were fired because you failed to meet firm standards for billable hours and profitability. This was not a willful or wantonly negligent disregard of the employer’s interest because you worked as hard as you could, made yourself available for additional assignments, and made your own personal marketing efforts to bring business to the firm.”

Overall, Leora Coleman-Fire explains, that since last December, while “[t]here are certainly some moments or even days that are better than others”, “overall, I haven’t seen much change.” She explains, “Bethany is highly dependent on me for organizing her day, ensuring that she is on time for appointments or events, keeping a relatively clean and organized home, and staying on task throughout her day.” She provides examples of the level of assistance she provides

For example, [Bethany] shares all of her calendar appointments with me (and all of her non-privileged calendar deadlines and meetings while she was still employed at Davis Wright Tremaine). She has set alarms to remind her of events. She also has an alarm set to remind her every night to check her calendar for the next day. Every night, I receive the same reminder and we will talk through her appointments and goals for the next day. Then, the next day, I will check in on a regular basis to see how her progress is going.

Even with this assistance, Leora states, “[o]ften she is distracted, sometimes she has forgotten about what is coming next, and usually needs reminders about what is happening later in the day.” She describes Bethany’s difficulty with fatigue in ordinary daily tasks of life:

While I noticed some improvement in her overall energy level after she stopped working, she still struggles with fatigue and in several other areas that never used to give her any difficulty. In the evenings (then and now), I handle most of the household chores to try to give her more time to relax. During that time, she generally listens to an audiobook or closes her eyes. We used to share the

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December 30, 2016

Re: Bethany Coleman-Fire

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Bethany Coleman-Fire explains that she is "determined to try everything I can to remain in the legal profession I love" and has secured a part-time position beginning February 2017 as a law clerk in the United States Bankruptcy Court for the District of Oregon. She states she is "cautiously hopeful" this part-time position (20 hours per week) with less fluctuation in work flow and few hard deadlines "will be a better fit for me with my continuing difficulties." Dr. Chesnutt states:

To her credit, she has engaged in a search for less demanding work in the legal field and has been accepted a half-time law clerk position, to begin in February. My impression has consistently been that she enjoyed her work and reduced her hours and ultimately left work reluctantly, after struggling ever since her injury to try to keep up.

These records provide further confirmation that Ms. Coleman-Fire is disabled from her occupation as the result of traumatic brain injury, not psychological symptoms. She is entitled to reinstatement of her disability claim. Thank you for your assistance.

Sincerely,



Megan E. Glor

MEG:rt

cc: Bethany Coleman-Fire

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STND 18-03985-000273

# Megan E. Glor

## Attorneys at Law

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Phone: (503) 223-7400

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

# Fax

To: The Standard, Attn: Necole Suzuki

Fax #: (503) 796-5972

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire, Claim #: 00VW3181

From: Megan Glor

Pages (Including Coversheet): 9

Date: 12/30/2016

CC: \_\_\_\_\_

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**PART 1 of 2**  
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STND 18-03985-000274

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# Megan E. Glor

## Attorneys at Law

Disability ∞ Health ∞ ERISA ∞ Life

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621 S.W. Morrison, Ste. 900  
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Fax: (503) 227-2530

December 30, 2016

**Letter By First Class Mail and Facsimile (letter only)**

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235  
Attn: Necole Suzuki, FLHC, Sr. Disability Claim Specialist

Re: Bethany Coleman-Fire  
Appeal of Decision Terminating Disability Claim  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Suzuki:

This is Ms. Coleman-Fire's appeal of Standard's decision terminating her disability claim and benefits, communicated by letter dated June 15, 2016. Standard concluded that any cognitive impairment Ms. Coleman-Fire has had after December 2014 is not due to sequelae from her traumatic brain injury/post-concussive syndrome ("TBI/PCS"), but is due to anxiety and depression. Standard terminated benefits effective September 16, 2016.

Ms. Coleman-Fire's December 2015 appeal of Standard's July 2015 termination decision addresses at length the medical records that confirm that Ms. Coleman-Fire's disabling medical condition is TBI/PCS, resulting from her accident of February 19, 2014 — she was struck by a car while walking her dog. Her head struck the windshield of the car that hit her with such impact that the car's windshield was broken, as the enclosed photograph shows.

Ms. Coleman-Fire has received extensive treatment and evaluation. She was seen immediately after the accident in the Emergency Room of Legacy Emanuel Hospital with nausea and headache and a left posterior parietal scalp hematoma. She was diagnosed with a concussion and prescribed Zofran for nausea. The accident resulted in significant impact with immediate concussion symptoms.

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Re: Bethany Coleman-Fire

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Ms. Coleman-Fire was followed by her internist, Dr. Richard Uppal, and received extensive physical therapy, occupational therapy, speech therapy and visual therapy, and was evaluated by neurologists Dr. Catherine Ellison in March 2014 and Dr. Jeffrey Brown in April 2014. Dr. Ellison's diagnoses included post head trauma/post concussion symptoms with nausea, headache, severe fatigue, daytime sleepiness, and difficulty with cognitive processing. Dr. Brown diagnosed benign paroxysmal positional vertigo, daily headaches, dizziness and possible vestibular lesion (such as posttraumatic hydrops or vestibular neuronitis). Ms. Coleman-Fire also established care with Dr. Sean Robinson, a concussion/PCS specialist with the Oregon Health & Science University sports medicine clinic in April 2014. In September 2014, she began to treat with Dr. James Chesnutt with the same clinic and has seen Dr. Chesnutt for the past 2 ½ years. These providers have documented Ms. Coleman-Fire's continuing symptoms and difficulties associated with TBI/PCS.

Sara Walker, Ph.D., administered a neuropsychological evaluation on April 27, 2015, which revealed weaknesses in efficiently recalling information, difficulty sustaining auditory and visual attention, shifting attention efficiently and approaching complex problem-solving. Dr. Walkner found Ms. Coleman-Fire's anxiety and depression understandable reactions to her cognitive and functional difficulties. On December 11, 2015, Dr. Chesnutt noted Ms. Coleman-Fire's symptoms had persisted for a year and nine months and that she was not tolerating full time work well. He recommended she consider taking a medical leave of absence to allow for recovery and concluded she was likely to have a persistent disability.

Dr. Walker performed a second neuropsychological evaluation on December 16, 2015, and met with Ms. Coleman-Fire on January 12, 2016. Ms. Coleman-Fire was billing approximately 40% of a full time position and was "absolutely cooked" after working a six-hour day. She struggled with diminished energy and cognitive problems in visual attention, visual scanning, auditory working memory, and maintaining attention.

The enclosed records reveal that Ms. Coleman-Fire's condition has not improved significantly and that her TBI/PCS symptoms continue and are disabling. Enclosed please find:

1. Dr. James Chesnutt, report and letter dated December 5, 2016 (6 pages);
2. Dr. Chesnutt's resume (26 pages);
3. Neuropsychological report of Dr. Glenn Goodwin, November 10 and 11, 2016 (17 pages);
4. Photograph of the motor vehicle that struck Ms. Coleman-Fire (1 page);
5. Statement of Bethany Coleman-Fire, dated December 28, 2016 (2 pages);



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Re: Bethany Coleman-Fire

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6. Oregon Employment Department Administrative Decision, November 23, 2016 (2 pages);
7. Statement of Leora Coleman-Fire, dated December 28, 2016 (2 pages).

Dr. Glenn Goodwin interviewed Ms. Coleman-Fire and administered neuropsychological testing over two days in November 2016. Ms. Coleman-Fire reported her main concerns as susceptibility to fatigue and a diminished sense of cognitive stamina. She reported continuing sleep disturbance, posttraumatic headaches, visual changes and mild photophobia and sensitivity to light and sound since the accident. She felt her improvement had plateaued. She described "some difficulty with processing speed that seems to be having a more general effect on other cognitive areas" difficulty with attention and concentration and some residual memory problems such as losing her train of thought. She felt less adept at executive functions (organization, planning and prioritizing), had noticed difficulty with expressive speech, primarily word finding, and "exerts more effort to concentrate." With reading, she "noted difficulty with visual tracking" and "feels that she is not able to remember written material as well as she used to." Her reading was slower, and while she had been a very avid reader, she "is just not able to keep up with reading for long lengths of time and...gets completely exhausted when she tries to do that." She felt slower with mental arithmetic reasoning. "Again, susceptibility to fatigue is a major issue that has an adverse effect overall in terms of her execution of cognitive functions."

Comparing his own test results to the prior results obtained by Dr. Walker, Dr. Goodwin noted that "[o]verall intellectual functioning continues to be stable with no significant changes." He identified some areas of decline on processing speed, Trail Making Test Part B, total recall on the CVLT-II and on long delay recognition on the CVLT-II. He found "significant improvement on a single task of divided attention, freedom from interference and processing speed (Stroop)" and generally better performance in reasoning and problem solving, but with differences in the instrumentation used. He noted that visuospatial memory appeared to be worse, which he attributed to difficulty with "the instrument used in this current study."

Dr. Goodwin found that his neurocognitive test results showed "quite a bit of similarity in the profile patterns as compared to her two previous neuropsychological studies" and "also some differences, most likely related to normal variability seen on serial testing." He pointed out:

[N]europsychological testing is conducted in a laboratory setting in an environment free of distraction, with the assistance of a helpful test administrator, performing one task at a time. This is often not analogous to the more complex demand characteristics in a busy law office as has been described by Ms.

December 30, 2016

Re: Bethany Coleman-Fire

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Coleman-Fire in her prior employment. As such, neuropsychological testing in some cases may not be sensitive or specific enough to capture problems in neuropsychological functioning, especially with respect to executive functioning. Given the validity of this study, there is no reason to discount her subjective complaints.

Dr. Goodwin concluded:

In summary, I think it is quite clear that Ms. Coleman-Fire is not work tolerant from a neuropsychological standpoint with respect to the type of competitive employment situation she was in at the time of this injury event. Residuals stemming from the history of traumatic brain injury are the primary underlying health issues that she is dealing with.

The issue in this case is not that she lacks the general cognitive capacity for employment in her profession, but she has a number of areas of neurocognitive impairment that would preclude her ability to execute adequate cognitive functioning day in and day out in a stressful environment, where there is pressure to perform at a high level.

Dr. Goodwin did not find substantial psychological symptoms. He noted that Ms. Coleman-Fire "is not really endorsing signs and symptoms of depression", "is not really having any symptoms of any generalized anxiety" and "is not experiencing any symptoms of panic." The testing confirmed minimal anxiety, improvement in the level of depression, from moderate (previous testing) to minimal on the current study. Dr. Goodwin stated that the "psychological test data reveals [that Ms. Coleman-Fire has an] understandable level of concern about health issues." He explained: "I do not see that this is excessive, but given her underlying health conditions, with continuing neuropsychological issues related to the history of traumatic brain injury, this appears quite appropriate." Dr. Goodwin found Ms. Coleman-Fire to be "quite pleasant and genuine in her clinical presentation" and noted "there was no hint of over involvement in symptomatology nor any sense of secondary gain in her demeanor."

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December 30, 2016

Re: Bethany Coleman-Fire

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He explains he “next saw Ms. Coleman-Fire on May 13, 2016, two months into a leave from work.” He states that her “SCAT score of 38 reflected an improvement that I attribute to rest she received while on leave” and that he “was not optimistic the improvement she experienced would persist upon a return to work.” In fact, he explains, she struggled after returning to work at “60 percent of her pre-accident workload and her symptoms returned and worsened.” He explains that as of December 5, 2016, when he saw her again:

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Based upon his review of Dr. Goodwin’s report, Dr. Chesnutt stated:

Dr. Goodwin’s findings are generally consistent with my observations and do not surprise me. I agree with his conclusion that due to relative cognitive weaknesses, particularly in processing speed, memory processing and attention and concentration, complex visual learning (as well as due to fatigue and a lack of stamina when she tries to work) she is unable to work in her prior occupation, which was stressful and demanded excellent cognition. Here it is important to bear in mind that by all accounts she thoroughly enjoyed her career and struggled mightily to continue to work even after I suggested she take a medical leave.

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December 30, 2016  
Re: Bethany Coleman-Fire  
Page 6 of 8

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December 30, 2016

Re: Bethany Coleman-Fire

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December 30, 2016

Re: Bethany Coleman-Fire

Page 8 of 8

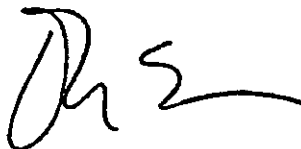
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These records provide further confirmation that Ms. Coleman-Fire is disabled from her occupation as the result of traumatic brain injury, not psychological symptoms. She is entitled to reinstatement of her disability claim. Thank you for your assistance.

Sincerely,



Megan E. Glor

MEG:rt

cc: Bethany Coleman-Fire



# Megan E. Glor

## Attorneys at Law

Megan E. Glor  
John C. Shaw  
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Phone: (503) 223-7400

Disability ~ Health ~ ERISA ~ Life ~ Pensions

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# Fax

To: Standard, Attn: Necole Suzuki

From: Megan Glor

Fax #: (503) 796-5972

Pages (Including Coversheet): 2

Phone #: \_\_\_\_\_

Date: 12/12/2016

RE: Bethany Coleman-Fire, Claim No.: 00VW3181

CC: \_\_\_\_\_

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**EXHIBIT 1**  
**PART 1 of 2**  
**Page 283 of 1248**

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**Megan E. Glor**  
Attorneys at Law

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December 12, 2016

By Facsimile: (503) 796-5972

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

RE: Bethany Coleman-Fire  
Davis Wright Tremaine LLP/Group Policy 445474 / Claim No. 00VW3181

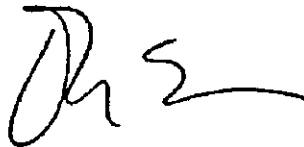
Dear Ms. Suzuki:

Following up on my voice message of this morning, I am writing to confirm that on behalf of Ms. Coleman-Fire, I am appealing Standard's decision terminating her disability claim and benefits, communicated by your letter dated June 15, 2016.

I await several documents to complete the appeal and therefore would ask that you allow me until December 31, 2016, to complete the appeal. Please call me today if you have any questions or concerns.

Thank you for your assistance.

Sincerely,



Megan E. Glor

MEG:rt

cc: Bethany Coleman-Fire





TheStandard®

December 19, 2016

Megan E. Glor  
621 SW Morrison Suite 900  
Portland OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Glor:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard).

We received your facsimile, dated December 12, 2016, indicating that you are appealing the termination of Ms. Coleman-Fire's LTD Benefits. As such, Ms. Coleman-Fire's LTD claim has been referred to the Administrative Review Unit for an independent review of the limitation of Ms. Coleman-Fire's claim.

It has also come to our attention that when updated payroll records were provided by Ms. Coleman-Fire's Employer, her claim was not adjusted and the remaining LTD Benefits were not issued to Ms. Coleman-Fire. We have now updated Ms. Coleman-Fire's LTD claim taking into consideration the Work Earnings information provided by her Employer through July 31, 2016. A check has been issued to Ms. Coleman-Fire in the amount of \$9,928.55, for benefits due to Ms. Coleman-Fire through September 15, 2016. With this payment, Ms. Coleman-Fire's claim has closed, and is Limited under the terms of the Group Policy, as described in our letter dated June 15, 2016.

If you have any questions about this letter or Ms. Coleman-Fire's claim, please contact our office.

Sincerely,

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 285 of 1248**

STND 18-03985-000285

ISSUED STALE CHECK

NEW CK #:

TEAM ~~QA3~~

CCC NSUZU

FILE COPY

The Standard

February 17, 2016

BETHANY COLEMAN-FIRE  
4834 NE 17TH AVE  
PORTLAND OR 97211

State: OR  
Reference ID: 00VW3181

**DUE DILIGENCE NOTIFICATION TO: BETHANY COLEMAN-FIRE**

As required by the state named above, Standard Insurance Company is holding the following Unclaimed Property due to the above named payee.

| Issue Date | Check Number | Check Amount |
|------------|--------------|--------------|
| 6/30/15    | 39-170001    | \$15,038.11  |

Your response must be received in our office no later than 30 days from the date of this letter. If no response is received, the property will be sent to the Unclaimed Property Administrator for Standard Insurance Company, who will send this property to the state listed above where the State Treasurer will hold this property forever or until an owner claims it.

Please check the appropriate box below, date, sign, and return this letter to our attention at: Standard Insurance Company, Attn: Financial Services: Stale Dated Checks - C11A, 900 SW Fifth Avenue, Portland, OR 97204.

☐ I have cashed this check.

☒ I have the check in my possession. I am returning it to Standard Insurance Company so that a replacement check can be issued.

☒ I do not have it in my possession, nor have I previously cashed the above check. If in the future this check is located, I will return it to Standard Insurance Company for cancellation. Please re-issue the item listed above.

New Address: 4834 NE 17th Ave. Portland, OR 97211

Comments: \_\_\_\_\_

Signature: *[Signature]*

Date: 2/18/16

If you have any questions regarding this letter, please contact us at the number provided below.

Thank you,

Judith Anton  
Shared Services  
Phone: (971) 321-8207  
Fax: (971) 321-8190

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 286 of 1248**



TheStandard®

July 13, 2016

Megan E. Glor  
621 SW Morrison Ste 900  
Portland OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Glor:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). This letter is in response to your letter of June 20, 2016.

Per your request, we have enclosed a complete copy of all documentation from Ms. Coleman-Fire's LTD claim file, from November 4, 2015 through the present, for your review. With the enclosed documents we believe that we have complied with your request under applicable law.

If you have any questions about this letter, please contact our office.

Sincerely,

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 287 of 1248**

STND 18-03985-000287

**Necole Suzuki**

---

**From:** Judy Yakymi  
**Sent:** Monday, June 20, 2016 11:17 AM  
**To:** Necole Suzuki  
**Subject:** FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 7  
**Attachments:** A1581e0e6-f5e6-4503-b0a2-544913982aab.TIF

Megan E. Glor  
John C. Shaw  
nw-erisa@mcganglor.com  
Phone: (503) 223-7400

## Megan E. Glor

Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

# Fax

To: Standard Ins., Attn: Necole Suzuki

Fax #: 503-796-5972

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire

From: Megan Glor

Pages (Including Coversheet): 6

Date: 6/20/2016

CC: \_\_\_\_\_

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify the sender immediately and arrange for the return or destruction of these documents.

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 289 of 1248**

STND 18-03985-000289

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

## Megan E. Glor Attorneys at Law

Disability — Health — ERISA — Life — Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

June 20, 2016

By facsimile: ((503) 796-5972)

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

Telephone: (888) 937-4783

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP  
Group Policy 445474 / Claim No. 00VW3181

Dear Ms. Suzuki:

This office continues to represent Ms. Coleman-Fire regarding her LTD claim, referenced above. Pursuant to ERISA, I hereby request a complete copy of all documents, records, or other information relevant to Standard's decision determining the above claim dated since November 4, 2015, the date Standard previously provided claim file documents.

According to the current version of 29 CFR § 2560.503-1(m)(8), "a document, record, or other information shall be considered "relevant" to the above claim if such document, record, or other information,

- (i) was relied upon in making the benefit determination; or
- (ii) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination."

This request includes, but is not limited to the following categories of documents:

- (1) All claim forms (including attachments, supplements, additions or addenda) for this claim;
- (2) All medical providers' or other physicians' statements, reports, records, correspondence, memoranda, and/or e-mail regarding this claim;
- (3) All electronic or written claim logs, case summaries, or other means of recording events, documents, discussions, reviews or decisions relating to this claim;
- (4) All notes, correspondence, memos and/or any other documents of any employee, agent, consultant or contractor, or any other person having any affiliation with Standard who took any part in making the decision on this claim;

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 290 of 1248**

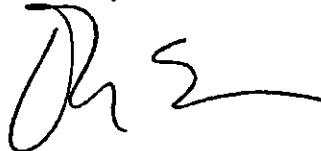
RE: Bethany Coleman-Fire  
June 20, 2016  
Page 2 of 2

- (5) All notes, correspondence, memos and/or any other documents of any consultant, physician, medical professional or any other individual consulted, retained or otherwise utilized by Standard in analyzing or making any benefits determination for this claim
- (6) All documents, including photographs, videos, summaries, audiotapes, transcripts, or other records demonstrating or containing the results of any investigation of the claimant or this claim;
- (7) All medical journals, articles, literature or studies that were received, reviewed or relied on by Standard or any physician or other medical professional hired or retained by Standard in evaluating this claim;
- (8) All correspondence or other documents received by Standard or sent by any other person, entity or organization involved in the determination of this claim; and
- (9) All notes, correspondence, memos and/or any other documents concerning this claim, which are in Standard's possession or control.
- (10) All written statements of Standard's or the Plan's policies or other written guidance or guidelines relating to the condition(s) or diagnosis of the claimant's condition(s), whether or not such statements were relied on in making the benefit determination in this case (see 29 C.F.R. § 2560.503-1(m)(8)(iv)).

I have enclosed signed releases of information so that you may communicate with our law firm regarding this claim.

Kindly produce these documents within 30 days of the date of this letter, pursuant to ERISA. You are welcome to provide the aforementioned documents on a Mac-compatible USB drive in lieu of a paper file.

Sincerely,



Megan E. Glor

MEG:cs  
Enclosures  
cc: Bethany Coleman-Fire

**AUTHORIZATION TO USE AND/OR DISCLOSE  
PROTECTED HEALTH INFORMATION**

Name of Patient:

Bethany Coleman-Gre

Date(s) of Service:

November 4, 2015 to the present

DOB:

[REDACTED]

SSN:

[REDACTED]

Name/address of health care provider:

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

To disclose medical information to:

Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205

By Initialing the spaces below, I specifically authorize the disclosure of the following medical information and/or medical records, if such information and/or records exist:

|                                                                                |                                               |
|--------------------------------------------------------------------------------|-----------------------------------------------|
| <u>BLE</u> All hospital records (including nursing records and progress notes) | <u>BLE</u> Emergency and urgency care records |
| <u>BLE</u> Transcribed hospital records                                        | <u>BLE</u> Diagnostic imaging reports/films   |
| <u>BLE</u> Continuity of care records                                          | <u>BLE</u> Clinician office chart notes       |
| <u>BLE</u> Laboratory/pathology reports                                        | <u>BLE</u> Physical therapy records           |
| <u>BLE</u> Correspondence to/from others                                       | <u>BLE</u> Dental records                     |
| <u>BLE</u> Vocational rehabilitation records                                   | <u>BLE</u> Billing statements                 |
| <u>BLE</u> Entire medical record (all information)                             | <u>BLE</u> Insurance forms                    |
| <u>BLE</u> Workers' Compensation claim record for injuries of _____            |                                               |

\* If the information to be disclosed contains any of the types of records or information listed below, I understand and agree that this information will be disclosed only if my initials appear in the space next to each item:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <u>BLE</u> * HIV/AIDS test or result information and/or records                       |
| <u>BLE</u> * Mental health information and/or records                                 |
| <u>BLE</u> * Genetic testing information and/or records                               |
| <u>BLE</u> * Drug/alcohol diagnosis, treatment or referral information and/or records |

I understand that I have the following rights: (1) The disclosure of the information and/or records is to be used for legal purposes with the disclosure to be made to my attorney(s); (2) The information disclosed may be subject to redisclosure and may no longer be protected by federal law; (3) I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment); and (4) I may revoke this authorization in writing pursuant to the Privacy Notice to Patients posted at the facility where the information is to be released.

By my signature below, I understand that a copy of this Authorization has the same validity as the original. Unless revoked earlier, this authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Bethany Coleman-Gre

Signature of Patient, Guardian/Conservator, or Authorized Representative

Date

June 20, 2016

Bethany Coleman-Gre

Printed Name

**EXHIBIT 1  
PART 1 of 2  
Page 292 of 1248**



## AUTHORIZATION TO RELEASE INFORMATION AND DOCUMENTS

Name Bethany Coleman-fire

Social Security Number [REDACTED]

Date of Birth [REDACTED]

1. I authorize the use or disclosure of the following: Any and all documents and information related to my enrollment in any health, disability or life insurance plan, or any claim I have made for life, health or disability benefits. This request includes all documents and/or data compilations, and any other information, contained within my underwriting or claims file(s), or any information or documents that have been received, generated, or reviewed by any company or person in connection with said claims. This authorization includes, but is not limited to; the following types of information and/or documents: All insurance policy/plan applications and related documents; documents relating to any claim for benefits or coverage; banking or other financial information; Social Security documents; employment documents, including but not limited to payroll information and/or the contents of any personnel file, medical records, attendance records; military records, including but not limited to medical diagnosis, service history, and any disciplinary action taken; all documents from any law enforcement agency; postal documents; documents concerning any real estate transaction; education and/or school records or documents; notes or other documents of any insurer, plan, policy or adjuster; and notes or other documents of any physician employed by the insurer or plan.
2. I hereby authorize the following person or entity to make the disclosure:  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235
3. The documents and information set forth in Section 1 may be disclosed to and used by the following:  
  
Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205  
Telephone: (503) 223-7400 Fax: (503) 227-2530
4. In addition, I authorize the law firm of Megan E. Glor, Attorneys at Law to act as my representative in all communications pertaining to my insurance and/or benefits claim.
5. The purpose of the requested disclosure is for claim and/or damage evaluation.

I understand that I have a right to revoke this authorization at any time. Unless otherwise revoked, this authorization will expire on the following date, event or condition: \_\_\_\_\_. If I fail to specify an expiration date, event or condition, this authorization will expire in twelve months.

I agree that a copy of this release or fax of this release shall be as valid as this original release. If I authorize the party identified in Section 2 above to fax the information, I realize there are inherent risks in faxing protected health information.

Bethany Coleman-fire  
Signature  
Bethany Coleman-fire  
Printed Name

Date  
June 20, 2016

EXHIBIT 1  
PART 1 of 2  
Page 293 of 1248

**AUTHORIZATION TO USE AND/OR DISCLOSE  
MEDICAL RECORDS AND/OR HEALTH INFORMATION**

Name: Bethany Coleman-fine

DOB: [REDACTED]

SSN: [REDACTED]

Name/address of party to release records:

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

Name/address of party to receive released records:

Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205

By initialing the spaces below, I specifically authorize the disclosure of the following medical information and/or medical records, if such information and/or records exist:

|                                                                                |                                               |
|--------------------------------------------------------------------------------|-----------------------------------------------|
| <u>BLP</u> All hospital records (including nursing records and progress notes) | <u>BLP</u> Emergency and urgency care records |
| <u>BLP</u> Transcribed hospital records                                        | <u>BLP</u> Diagnostic imaging reports/films   |
| <u>BLP</u> Continuity of care records                                          | <u>BLP</u> Clinician office chart notes       |
| <u>BLP</u> Laboratory/pathology reports                                        | <u>BLP</u> Physical therapy records           |
| <u>BLP</u> Correspondence to/from others                                       | <u>BLP</u> Dental records                     |
| <u>BLP</u> Vocational rehabilitation records                                   | <u>BLP</u> Billing statements                 |
| <u>BLP</u> Entire medical record (all information)                             | <u>BLP</u> Insurance forms                    |
| <u>BLP</u> Workers' Compensation claim record for injuries of _____            |                                               |

\* If the information to be disclosed contains any of the types of records or information listed below, I understand and agree that this information will be disclosed only if my initials appear in the space next to each item:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <u>BLP</u> * HIV/AIDS test or result information and/or records                       |
| <u>BLP</u> * Mental health information and/or records                                 |
| <u>BLP</u> * Genetic testing information and/or records                               |
| <u>BLP</u> * Drug/alcohol diagnosis, treatment or referral information and/or records |

By my signature below, I understand that a copy of this Authorization has the same validity as the original. Unless revoked earlier, this authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Bethany Coleman-fine

Signature

Bethany Coleman-fine

Printed Name

Date June 20, 2016

**Judy Yakymi**

---

**From:** RightFax E-mail Gateway <RightFaxEmailGateway@standard.com>  
**Posted At:** Wednesday, June 15, 2016 2:15 PM  
**Conversation:** Your fax has been successfully sent to Megan Glor at 915032272530.  
**Posted To:** Inbox  
  
**Subject:** Your fax has been successfully sent to Megan Glor at 915032272530.

Your fax has been successfully sent to Megan Glor at 915032272530.

---

6/15/2016 2:10:45 PM Transmission Record

Sent to 915032272530 with remote ID "5032272530"

Result: (0/339;0/0) Success

Page record: 1 - 4

Elapsed time: 03:09 on channel 17



TheStandard®

June 15, 2016

Megan E. Glor  
621 SW Morrison Suite 900  
Portland OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Glor:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard), and in response to your May 31, 2016 letter.

In your letter you acknowledge that The Standard determined that any cognitive impairment Ms. Coleman-Fire has after December 2014, is not due to sequelae from her traumatic brain injury/post-concussive syndrome. Rather, it was determined that Ms. Coleman-Fire's ongoing limitations and restrictions are due to anxiety and depression. You requested that The Standard confirm that Ms. Coleman-Fire will receive LTD Benefits until December 2016.

After reviewing the information in Ms. Coleman-Fire's claim file, we have determined that she is due additional LTD Benefits through September 15, 2016, for her Mental Disorder. This letter will explain our decision.

As indicated in our May 24, 2016 letter, the PSET on behalf of Davis Wright Tremaine LLP Group Policy limits payment of LTD benefits to a maximum of 24 months for conditions caused or contributed to by a Mental Disorder. Anxiety and Depression are considered Mental Disorders under the terms of the Group Policy; therefore, this limitation was applied to Ms. Coleman-Fire's claim.

When Ms. Coleman-Fire initially submitted her LTD claim forms, she reported that she became unable to perform her occupation as of February 19, 2014 due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. The initial Attending Physician's Statement provided, completed on December 31, 2014, by Dr. Uppal, reflects the following diagnoses: concussion, MVA, vertigo, soft tissue injury, anxiety, depression and adjustment reaction.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 296 of 1248**

STND 18-03985-000296

As part of our initial review of Ms. Coleman-Fire's LTD claim, we obtained copies of her medical records which were reviewed by a Physician Consultant. Based on a review of the medical documentation, the Physician Consultant concluded that Ms. Coleman-Fire became significantly depressed and anxious in September 2014, as documented by Dr. Uppal's September 16, 2014 chart note.

Based on Ms. Coleman-Fire's medical records, and the opinion of the Physician Consultant, we have concluded that Ms. Coleman-Fire became Disabled due to a Mental Disorder as of September 16, 2014, and continues to be Disabled as a result of a Mental Disorder. As such, Ms. Coleman-Fire is entitled to 24 months of LTD Benefits for her Mental Disorder, from September 16, 2014 through September 15, 2016.

In order to ensure that Ms. Coleman-Fire's LTD Benefit is accurately calculated, please provide a copy of her payroll records for the period March 16, 2016 through the present. Upon receipt of Ms. Coleman-Fire's payroll records, we will calculate her LTD Benefit and issue any payments due to her at that time.

With our payment to Ms. Coleman-Fire through September 15, 2016, her LTD claim will close.

The following is an explanation of Ms. Coleman-Fire's right to a review of our decision:

If you want us to review this claim and this decision you must send us a written request within 180 days after you receive this letter. If you request a review, you will have the right to submit additional information in connection with this claim. Additional information that you may wish to submit would be information showing that Ms. Coleman-Fire remains Disabled as a result of a medical condition not limited by the Group Policy. We will also require that you provide documentation of Ms. Coleman-Fire's Work Earnings from March 16, 2016 and continuing. Please include any such new information along with your request for review.

If you request a review, it will be conducted by an individual who was not involved in the original decision. If necessary, the person conducting the review will consult with a medical professional with regard to this claim. The medical professional will be someone who was not previously consulted in connection with this claim. The review would be completed within 45 days after we receive your request unless circumstances beyond our control require an extension of an additional 45 days.

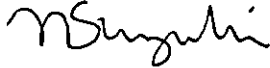
If you request a review and the decision to limit this claim is upheld, you will have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act (ERISA) or state law, whichever is applicable.

We want you to know that upon further investigation, other valid reasons for limiting or denying this claim, which have not been previously considered, could come to our attention. Therefore, The Standard reserves the right to consider and assert other reasons for limitation or denial of this claim should they occur in the future.

Please consult your Certificate of Insurance or Summary Plan document for a complete description of your rights under the terms of the PSET on behalf of Davis Wright Tremaine LLP Group Policy.

If you have any questions about this letter or Ms. Coleman-Fire's claim, please write or call me.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

**Necole Suzuki**

---

**From:** Kath McGrath  
**Sent:** Tuesday, May 31, 2016 2:29 PM  
**To:** Necole Suzuki  
**Subject:** FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 39  
**Attachments:** A4a440536-4d95-4292-a631-4adc623b22ae.TIF

-----Original Message-----

**From:** RightFax Email Gateway  
**Sent:** Tuesday, May 31, 2016 2:15 PM  
**To:** Cgroup Faxes <CgroupFaxes@standard.com>  
**Subject:** A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 39

5/31/2016 2:12:55 PM Transmission Record

Received from remote ID: catherine@meganglor.  
Inbound user ID CGROUPFAXES, routing code 5972  
Result: (0/352;0/0) Success  
Page record: 1 - 2  
Elapsed time: 01:16 on channel 39

Fax Images: [double-click on image to view page(s)]

Megan E. Glor  
John C. Shaw  
nw-erisa@mcgangelor.com  
Phone: (503) 223-7400

# Megan E. Glor

## Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

# Fax

To: Standard Ins. Co. Attn: N. Suzuki

Fax #: 503-796-5972

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire

From: Megan Glor

Pages (Including Coversheet): 2

Date: 5/31/2016

CC: \_\_\_\_\_

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

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**EXHIBIT 1**  
**PART 1 of 2**  
**Page 300 of 1248**

STND 18-03985-000300



Megan E. Glor  
Julia C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

**Megan E. Glor**  
Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

May 31, 2016

By Facsimile: ((503) 796-5972)

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
903 SW Fifth Avenue  
Portland, OR 97204-1235

Re: Bethany Coleman-Fire  
Policy No: 445474  
Claim No: 00VW3181

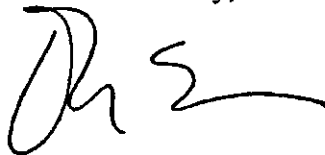
Dear Ms. Suzuki:

Standard stated in its letter dated April 22, 2016, which reopened Ms. Coleman-Fire's LTD claim, that Standard had "determined during [its] review...that any cognitive impairment Ms. Coleman-Fire continues to have is no longer due to sequelae from her traumatic brain injury/post-concussive syndrome after December 2014 when her claim was closed."

Ms. Coleman-Fire is entitled to payment of her LTD claim through December 2016, according to this determination by Standard. However, Standard's letter dated May 24, 2016 states that Standard will not pay LTD benefits beyond May 19, 2016.

I am writing to ask that you confirm that Standard will indeed continue to pay Ms. Coleman-Fire's claim through December 2016, in accordance with its assertion in its April 22 letter. I look forward to hearing from you shortly.

Sincerely,



Megan E. Glor

MEG:hs  
cc: Bethany Coleman-Fire

**Kath McGrath**

---

**From:** RightFax E-mail Gateway <RightFaxEmailGateway@standard.com>  
**Posted At:** Tuesday, May 24, 2016 4:16 PM  
**Conversation:** Your fax has been successfully sent to John Shaw at 915032272530.  
**Posted To:** Inbox  
  
**Subject:** Your fax has been successfully sent to John Shaw at 915032272530.

Your fax has been successfully sent to John Shaw at 915032272530.

---

5/24/2016 4:11:39 PM Transmission Record

Sent to 915032272530 with remote ID "5032272530"  
Result: (0/339;0/0) Success  
Page record: 1 - 5  
Elapsed time: 03:51 on channel 19

**Kath McGrath**

---

**From:** Kath McGrath  
**Sent:** Tuesday, May 24, 2016 4:11 PM  
**To:** 'John Shaw@915032272530'  
**Subject:** Bethany Coleman-Fire  
**Attachments:** 20160524160554002.pdf

Please see attached and contact Necole with any questions.

Kathleen McGrath | Disability Claims Assistant The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.6946 | Fax 503.796.5972 Kath.McGrath@standard.com |  
www.standard.com



TheStandard®

May 24, 2016

John C. Shaw  
Megan E. Glor  
621 SW Morrison Suite 900  
Portland OR 97205

Re: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard), and to notify you that Ms. Coleman-Fire's claim has been reopened with LTD Benefits payable through May 19, 2016.

Based on an independent review of Ms. Coleman-Fire's claim by the Administrative Review Unit, it has been determined that Ms. Coleman-Fire remains Disabled under the Group Policy as a result of anxiety and depression. The PSET on behalf of Davis Wright Tremaine LLP Group Policy limits payment of LTD benefits to a maximum of 24 months for conditions caused or contributed to by a Mental Disorder. Anxiety and Depression are considered Mental Disorders under the terms of the Group Policy; therefore, this limitation has been applied to Ms. Coleman-Fire's claim. We have enclosed a copy of the policy provision for review.

LTD Benefits first became payable to Ms. Coleman-Fire for a Mental Disorder on May 20, 2014. Therefore, the 24 month Maximum Benefit Period for a Mental Disorder ended on May 19, 2016. Ms. Coleman-Fire's LTD claim was previously paid through December 12, 2014. Therefore, a payment in the amount of \$39,311.53 has been issued to Ms. Coleman-Fire under separate cover, for LTD Benefits due to her from December 13, 2014 through May 19, 2016. This payment has been reduced by Deductible Income in the form of Work Earnings. As payroll records have been provided through March 15, 2016, we have estimated Ms. Coleman-Fire's Work Earnings for the period March 16, 2016 through May 19, 2015.

With our payment to Ms. Coleman-Fire through May 19, 2016, her LTD claim has closed.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 304 of 1248**

STND 18-03985-000304

We understand that Ms. Coleman-Fire is represented by another firm to pursue a third-party claim and lawsuit for damages resulting from her February 19, 2014 injury. As indicated in the Group Policy, any amount Ms. Coleman-Fire receives or is eligible to receive from or on behalf of a third party because of her disability, is considered Deductible Income. Please notify Ms. Coleman-Fire of her obligation to provide The Standard with documentation of any judgment, settlement, or other award related to this matter.

The following is an explanation of Ms. Coleman-Fire's right to a review of our decision:

If you want us to review this claim and this decision you must send us a written request within 180 days after you receive this letter. If you request a review, you will have the right to submit additional information in connection with this claim. Additional information that you may wish to submit would be information showing that Ms. Coleman-Fire remains Disabled as a result of a medical condition not limited by the Group Policy. We will also require that you provide documentation of Ms. Coleman-Fire's Work Earnings from March 16, 2016 and continuing. Please include any such new information along with your request for review.

If you request a review, it will be conducted by an individual who was not involved in the original decision. If necessary, the person conducting the review will consult with a medical professional with regard to this claim. The medical professional will be someone who was not previously consulted in connection with this claim. The review would be completed within 45 days after we receive your request unless circumstances beyond our control require an extension of an additional 45 days.

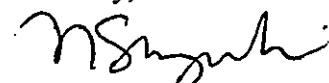
If you request a review and the decision to limit this claim is upheld, you will have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act (ERISA) or state law, whichever is applicable.

We want you to know that upon further investigation, other valid reasons for limiting or denying this claim, which have not been previously considered, could come to our attention. Therefore, The Standard reserves the right to consider and assert other reasons for limitation or denial of this claim should they occur in the future.

Please consult your Certificate of Insurance or Summary Plan document for a complete description of your rights under the terms of the PSET on behalf of Davis Wright Tremaine LLP Group Policy.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department

## DISABILITIES SUBJECT TO LIMITED PAY PERIODS

### A. Mental Disorders and Substance Abuse

Payment of LTD Benefits is limited to 24 months for each period of continuous Disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

1. Mental Disorders; or
2. Substance Abuse.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Substance Abuse means use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

### B. Rules For Disabilities Subject To Limited Pay Periods

1. If you are Disabled as a result of a Mental Disorder or any Physical Disease or Injury for which payment of LTD Benefits is subject to a limited pay period, and at the same time are Disabled as a result of a Physical Disease, Injury, or Pregnancy that is not subject to such limitation, LTD Benefits will be payable first for conditions that are subject to the limitation.
2. No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury, or Pregnancy for which payment of LTD Benefits is not limited.

LT2.LP.15X

## LIMITATIONS

### A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

### B. Foreign Residency

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

### C. Imprisonment

No LTD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

(NO RESP\_NO REHAB LIM) LT.LM.OT.1

From the desk of:

5/24/2016 1:57 PM

**Necole Suzuki**

Re: BETHANY COLEMAN-FIRE

Policyholder: PROFESSIONAL SERVICES EMPLOYER

Member SS#: xxx-xx-xxxx

Group ID#: 10010415

Claim #: 00VW3181

Policy #: 445474

Ms. Coleman-Fire is a 32 year old attorney who ceased work February 18, 2014. She was struck by a motor vehicle on February 19, 2014, and reported that she was unable to work due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. Her LTD claim was accepted for payment through December 12, 2014.

Ms. Coleman-Fire appealed the closure of her claim, and her file was referred to the Administrative Review Unit for a review of the closure. The Administrative Review Unit determined that Ms. Coleman-Fire remained Disabled due to depression and anxiety. The PSET on behalf of Davis Wright Tremaine LLP Group Policy limits payment of LTD benefits to a maximum of 24 months for conditions caused or contributed to by a Mental Disorder. Anxiety and Depression are considered Mental Disorders under the terms of the Group Policy; therefore, this limitation has been applied to Ms. Coleman-Fire's claim.

LTD Benefits first became payable to Ms. Coleman-Fire for a Mental Disorder on May 20, 2014. Therefore, the 24 month Maximum Benefit Period for a Mental Disorder ended on May 19, 2016. Ms. Coleman-Fire's LTD claim was previously paid through December 12, 2014. Therefore, a payment in the amount of \$39,311.53 is due to Ms. Coleman-Fire, for LTD Benefits due to her from December 13, 2014 through May 19, 2016. This payment has been reduced by Deductible Income in the form of Work Earnings. As payroll records have been provided through March 15, 2016, we have estimated Ms. Coleman-Fire's Work Earnings for the period March 16, 2016 through May 19, 2015.

In order to issue this payment to Ms. Coleman-Fire, the 9 month MRD, 14 month RTD and 18 month MRD must be cleared. LS LS LS

Standard Insurance Company

Independent Review Request  
For the Administrative Review Unit

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------|--|
| Claimant<br><b>Bethany Coleman-Fire</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Claim No.<br><b>00VW3181</b>                                                                                                                                      |                  | Policyholder<br><b>PSET on behalf of Davis Wright Tremaine</b>                                                      |  |
| Analyst<br><b>N. Suzuki</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Ext.<br><b>3198</b>                                                                                                                                               | Team<br><b>C</b> | Routing Code<br><b>C5D</b>                                                                                          |  |
| Supervisor Name and Extension<br><b>Laura Smith x7584</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | Current Claim Status: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Denied <input type="checkbox"/> Active <input type="checkbox"/> Pending |                  |                                                                                                                     |  |
| Type of Claim: <input checked="" type="checkbox"/> LTD <input type="checkbox"/> STD Insured <input checked="" type="checkbox"/> Waiver <input type="checkbox"/> STD ASO <input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| <b>REFERRAL CHECK LIST- TO BE COMPLETED BY ANALYST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Policy in File or on AdminEASE: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | Current Analyst Score (Claim Analytics):                                                                                                                          |                  |                                                                                                                     |  |
| Policy Effective Date: <b>1/1/13</b> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| State Policy Sitused: <b>WA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| ERISA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Decision Letter in File: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Date of Letter: <del>6/17/15</del> <b>7/1/15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Type of Decision: <input checked="" type="checkbox"/> Closure <input type="checkbox"/> Denial <input type="checkbox"/> Overpayment <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| If Closure, date claim closed or is expected to close:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Request for Review in File: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Date Request Received: <b>12/28/15</b> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Request received within allowable 180-day Period: <input checked="" type="checkbox"/>                                                                             |                  |                                                                                                                     |  |
| Requested by: <input type="checkbox"/> Claimant <input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Read the entire written request and determined it is a true appeal: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Changed Proclaim Reason Code to 2: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Reviewed all info submitted and was unable to process an overturn: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Verified the decision meets the expectations outlined in the ARU Referral Procedures <u>LTD Contested Claim Tools</u> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| ASO/ATP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Specify special handling and ASO/ATP contacts                                                                                                                     |                  |                                                                                                                     |  |
| Special Handling <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Date Referred To ARU<br><b>12/28/15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Other Comments                                                                                                                                                    |                  |                                                                                                                     |  |
| <b>ARU Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Claimant Age/Sex (i.e. 48/F)<br><b>32 / F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | Date Claim Received<br><b>12/26/14</b>                                                                                                                            |                  | Reason For Request<br><b>OO CLOSE</b>                                                                               |  |
| Own Occupation<br><b>ASSOCIATE ATTORNEY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Diagnoses<br><b>S/P CONCUSSION 2° TO MVA</b>                                                                                                                      |                  | Review Language<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |
| Assigned To<br><b>DANN SCHONBERG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | Date Assigned<br><b>12.31.15</b>                                                                                                                                  |                  |                                                                                                                     |  |
| Claim or DOL Date<br><b>3.27.16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | Specialist Date<br><b>2.11.16</b>                                                                                                                                 |                  | Decision Date<br><b>4/22/16</b>                                                                                     |  |
| Day 45<br><b>2.11.16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Day 60<br>_____ | Day 90<br><b>3.27.16</b>                                                                                                                                          | Day 120<br>_____ |                                                                                                                     |  |
| Comments<br><b>DEFERRAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |
| Phone Log<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | Database Entry<br>Created By <b>EG</b><br>Date <b>12.30.15</b><br>Completed By _____<br>Date _____                                                                |                  | Date Received In ARU <b>RECEIVED</b><br><b>DEC 29 2015</b><br><b>ADMINISTRATIVE REVIEW UNIT</b>                     |  |
| Outcome:<br><input type="checkbox"/> Upheld<br><input type="checkbox"/> Returned fibro protocol not followed<br><input type="checkbox"/> Returned pre-ex protocol not followed<br><input type="checkbox"/> Returned referral criteria not met<br><input type="checkbox"/> O/T based on new medical evidence<br><input checked="" type="checkbox"/> O/T based on new PC opinion<br><input checked="" type="checkbox"/> O/T based on new vocational information<br><input type="checkbox"/> O/T based on new financial information<br><input type="checkbox"/> O/T based on new VCM opinion<br><input type="checkbox"/> O/T for other reasons _____ |                 |                                                                                                                                                                   |                  |                                                                                                                     |  |

EXHIBIT 1

PART 1 of 2

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## STANDARD INSURANCE COMPANY

April 22, 2016

To: The File of Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Claim No. 00VW3181

From: Dawn Schonberg   
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

RE: Administrative Review Unit Independent Review of LTD Closure

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The Administrative Review Unit has completed its independent review of the decision to close Ms. Coleman-Fire's long term disability (LTD) claim for not meeting the Definition of Disability after December 12, 2015. Based on our review, we have determined that Ms. Coleman-Fire continues to meet the Definition of Disability, and that her claim should be reopened.

Our review took into consideration all of the medical documentation made available for review. As part of our independent review, we consulted with Physician Consultants Dr. Binder and Dr. Daniel. Additional vocational research was also conducted, including a labor market survey. None of this had been completed at the time the Benefits Department made their original determination.

The medical documentation in the file indicates that Ms. Coleman-Fire last worked full time as an Associate Attorney on February 18, 2014. The following day she was hit by a car while walking and was thrown. She sustained a concussion, and subsequently developed vertigo, headaches, cervical spasm and convergence insufficiency. She also had cognitive deficits, including difficulty with sustained and divided attention, speed of information processing and complex problem solving. Ms. Coleman-Fire returned to work part time on August 1, 2014. LTD Benefits were approved for a closed period of time, ending December 12, 2014, as it was determined she should be able to perform all of the Material Duties of her Own Occupation at full duty as of that date.

Ms. Coleman-Fire retained an attorney, who requested a review of this decision, and her file was sent to the Administrative Review Unit for an independent review. Additional documentation was provided, including an updated neuropsychological evaluation. As part of the independent review process, Ms. Coleman-Fire's file was sent for review by two Physician Consultants who had not previously reviewed her file. Dr. Binder conducted a neuropsychological review and Dr. Daniel conducted the neurology review.

Dr. Binder stated the two neuropsychological evaluations showed mild cognitive impairments, but although the evaluating neuropsychologist attributed causation to a

*APU oration  
Verna*

traumatic brain injury (TBI), depression and anxiety was not ruled out, and there are many references to stress related to work and depression and anxiety. Dr. Binder agreed with the summaries of the test results, but did not agree that the diagnosis of TBI and neurocognitive disorder explained the fluctuations in data and the optometric data. He stated that any limitations or restrictions from her concussion resolved on or before December 4-5, 2015. Those present after that date were caused by anxiety and depression.

Dr. Binder was provided with detailed information about Ms. Coleman-Fire's job duties and cognitive requirements of her Own Occupation of Attorney. He stated she would have reduced speed and efficiency in her conduct of legal research, and when she writes legal briefs. He estimated a 25% reduction in speed and efficiency, but less when she is refreshed and more when working beyond her tolerance. Dr. Binder stated it is his opinion Ms. Coleman-Fire was able to work on a full time basis with reasonable continuity if full time work is defined as and limited to 40 hours per week. Of note, this Group Policy does not limit work hours to 40 per week in the Own Occupation Period.

Dr. Daniel stated that it is his opinion that by December 2014, Ms. Coleman-Fire had recovered nearly back to baseline with marked improvement in her mild TBI symptoms. He stated the history of initial improvement followed by subsequent decline is not consistent with the course expected from the organic effects of TBI and strongly suggests another process. He stated the available records indicate ongoing depression, anxiety and difficulty with stress tolerance that are the more likely explanation for her symptoms than TBI for the regression of symptoms after initial improvement. Dr. Daniel noted that while headaches are a noted complaint, they are generally described as mild and there is no evidence she is experiencing prostrating or debilitating headaches, either at baseline or after prolonged computer use or reading.

Dr. Daniel stated that it was reasonable Ms. Coleman-Fire did not return to work before August 2014, and that she continued to improve after that time from her concussion, and by December 2014 she should have been able to resume a full time work schedule. He stated there are no longer any physical impairments which would preclude any of the occupational requirements and concurred with Dr. Binder that her mild neurocognitive deficits are most likely due to anxiety and depression and would result in decreased work-related efficiency, need for increased break time or impairment in stress tolerance.

Following the completion of the medical reviews, additional vocational information was sought. Ms. Coleman-Fire's own job of Associate Attorney is best classified as Lawyer, DOT# 110.107-010. Please see the Own Occupation memo for details. The Vocational Consultant was asked to determine whether this occupation can be performed when limited to 40 hours per week, as per Dr. Binder's restriction. It was determined it does exist within this limit; however when a labor market survey was conducted to determine if positions limited to 40 hours per week meet the Own Occupation Income Level (range of \$7,833.34 - \$7,888.18 per month, varied due to indexing), only three employers of 30 respondents stated this level of income could be reached with a 40 hour per week restriction. We do not find that this is sufficient number to document the occupation of Lawyer/Attorney exists in the national economy that fits within the medical and vocational limitations and restrictions.

In summary, our review finds that Ms. Coleman-Fire is able to return to work on a full time basis in her Own Occupation, but is limited to working no more than 40 hours per week due to continued cognitive deficits currently attributed to anxiety and depression only. We find the cognitive sequelae from her TBI resolved as of December 2014. However, we do not find her Own Occupation allows her to restrict her work to 40 hours per week and meet the 80% income level outlined by the Group Policy. Therefore, we find it reasonable to overturn her LTD claim retroactive to its closure in December 2014.



TheStandard®

April 22, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

The Administrative Review Unit has completed its review of Standard Insurance Company's decision to close Ms. Coleman-Fire's long term disability (LTD) claim. This was an independent review, conducted separately from the individuals who made the original determination. After reviewing all of the available information, we have determined that Ms. Coleman-Fire has continued to meet the Group Policy's Definition of Disability and her claim should be reopened retroactive to closure.

Our review determined Ms. Coleman-Fire is limited to working no more than 40 hours per week; however this Group Policy does not state in the Own Occupation Definition of Disability that we will not consider working an average of more than 40 hours per week to be a Material Duty, as it is stated in the Any Occupation Definition of Disability. Additional vocational research found the occupation of Attorney would not allow Ms. Coleman-Fire to limit her work hours to 40 per week and still meet the Own Occupation Income Level.

We also determined during our review however, that any cognitive impairment Ms. Coleman-Fire continues to have is no longer due to sequelae from her traumatic brain injury/post-concussive syndrome after December 2014 when her claim was closed. Instead, our review found ongoing limitations and restrictions are due to anxiety and depression.

Ms. Coleman-Fire's claim file is being returned to the Employee Benefits Department for continued management. If benefits are owed to her, they will be promptly paid after all applicable deductible income has been determined to properly calculate LTD benefits.

The Standard will continue to review Ms. Coleman-Fire's LTD claim and eligibility for benefits. Updated medical reports will be requested from her physicians as part of the ongoing management of her claim. You will be notified if the status of Ms. Coleman-Fire's claim changes. The Standard reserves the right to consider and assert any other reasons for limiting or closing her claim should they occur in the future.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

*ASU  
action 1/2*

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 312 of 1248**

STND 18-03985-000312

This concludes the administrative review process by the Administrative Review Unit. If you have any questions, please contact Senior Disability Claim Specialist Necole Suzuki at 800.368.1135 x3198.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File



TheStandard®

April 18, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

The Administrative Review Unit is continuing to review Standard Insurance Company's decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As indicated in previous correspondence, Ms. Coleman-Fire's file was recently reviewed by both two Physician Consultants as well as a Vocational Consultant. These reviews have both been completed, and we have obtained the additional information needed regarding her loss of earnings and billable hours. We are in the process of completing our review. We still anticipate that we will be able to complete our review no later than April 26, 2016.

We will send you periodic updates regarding the status of our review and you will be notified in writing once the review is completed. Thank you for your patience during the review process. If you have any questions, please call me at 971.321.8765. You may also fax information to my attention at 971.321.5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 314 of 1248**

STND 18-03985-000314

## Dawn Schonberg

---

**From:** Dawn Schonberg  
**Sent:** Monday, March 28, 2016 8:49 AM  
**To:** 'Ballard, Teresa'  
**Subject:** RE: Additional document and information for Bethany Coleman Fire's LTD appeal

Hi Teresa –

Thank you so much for this information. I was out of the office Friday afternoon when you emailed. If I have any questions I will let you know. Thanks again!

**Dawn Schonberg | Senior Benefits Review Specialist**  
**Administrative Review Unit**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.8765 | Fax 971.321.5038  
[dawn.schonberg@standard.com](mailto:dawn.schonberg@standard.com) | [www.standard.com](http://www.standard.com)

**From:** Ballard, Teresa [<mailto:TeresaBallard@dwt.com>]  
**Sent:** Friday, March 25, 2016 1:29 PM  
**To:** Dawn Schonberg  
**Subject:** Additional document and information for Bethany Coleman Fire's LTD appeal

Hello,

Attached please find a document that lists her billable and non-billable hours for the period of 12/16/14 to what has currently been submitted. Non billable hours can contain hours for conference preparations, attendance to conferences, attending non client meetings, attending firm retreats, interviewing potential new hires to the firm and sick and/or parental leave for some examples. In regards to minimum hours, an Associate has to work at least 60% of 1800 billable hours each year, That's 90 billable hours per month or 1080 billable hours per year in order to have insurance coverage.

Please let me know if you need any further information.

Sincerely,

**Teresa Ballard, SPHR | Davis Wright Tremaine LLP**  
Benefits Administrator  
1201 Third Avenue, Suite 2200 | Seattle, WA 98101  
Tel: (206) 757-8765 | Fax: (206) 757-7765  
Email: [teresaballard@dwt.com](mailto:teresaballard@dwt.com) | Website: [www.dwt.com](http://www.dwt.com)

Anchorage | Bellevue | Los Angeles | New York | Portland | San Francisco | Seattle | Shanghai | Washington, D.C.



TheStandard®

March 28, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

We are writing regarding the status of our review of the decision to close Ms. Coleman-Fire's long term disability (LTD) claim. At this time, the Administrative Review Unit is continuing to review the decision to close her claim. As indicated in prior correspondence, our goal is to complete all reviews as promptly as possible, and no later than 90 days after the request for review is received. However, in order to ensure a full and fair review, a more extensive review period is sometimes required.

As you know, Ms. Coleman-Fire's file was sent for review by two Physician Consultant who had not previously reviewed her file, a board certified Neurologist and a board certified Neuropsychologist. Those reviews were followed by an additional review by a Vocational Consultant. All of these reviews have been completed; however we are now evaluating Ms. Coleman-Fire's loss of earnings and billable hours.

Because the new documentation from the Employer was just received, we were unable to complete our independent review by the 90<sup>th</sup> day after we received your request for review, or by March 27, 2016. We are therefore extending our review by an additional 30 days, to April 26, 2016, though we expect our review will be completed before that date.

We appreciate your patience during the review process. We will send you periodic updates regarding the status of our review and will notify you in writing once the review is completed. If you have any questions, please call me at (971) 321-8765.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 316 of 1248**

STND 18-03985-000316



## **Dawn Schonberg**

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**From:** Dawn Schonberg  
**Sent:** Thursday, March 24, 2016 1:22 PM  
**To:** 'Ballard, Teresa'  
**Subject:** RE: Payroll records for Bethany Coleman Fire

Thank you very much, Teresa. I will let you know if I have questions after reviewing the records, including any abbreviations.

**Dawn Schonberg | Senior Benefits Review Specialist**  
**Administrative Review Unit**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.8765 | Fax 971.321.5038  
[dawn.schonberg@standard.com](mailto:dawn.schonberg@standard.com) | [www.standard.com](http://www.standard.com)

**From:** Ballard, Teresa [<mailto:TeresaBallard@dwt.com>]  
**Sent:** Thursday, March 24, 2016 1:21 PM  
**To:** Dawn Schonberg  
**Subject:** Payroll records for Bethany Coleman Fire

Hello,

I have obtained the payroll records for Bethany Coleman Fire and attached them to this email. I am working on gathering the other requested items.

Please let me know if you have any questions.

**Teresa Ballard, SPHR | Davis Wright Tremaine LLP**  
**Benefits Administrator**  
1201 Third Avenue, Suite 2200 | Seattle, WA 98101  
Tel: (206) 757-8765 | Fax: (206) 757-7765  
Email: [teresaballard@dwt.com](mailto:teresaballard@dwt.com) | Website: [www.dwt.com](http://www.dwt.com)

Anchorage | Bellevue | Los Angeles | New York | Portland | San Francisco | Seattle | Shanghai | Washington, D.C.

**DAWN SCHONBERG**

SENIOR BENEFITS REVIEW SPECIALIST

Standard Insurance Company  
(971) 321-8765

Cedman - Fire

3/24/16  
938

Call to ER Teresa Ballard 206.757.8765.  
 left msg explaining who I was + that I  
 needed updated payroll + billable hr info for  
 a appeal. Need 12/10/14 to present for  
 both. the call. Also have a cpl ?'s  
 re billable hrs + unsure if she is the one to  
 answer or if there is someone else.



1153

Call to Teresa Ballard ER. She verified what  
 I need + will get that for payroll. I asked  
 1- what do the non-billable hrs represent (admin, etc)  
 + 2- what is the assoc. level requirement for billable hrs.  
 She will have to investigate those q's. She hopes  
 to have at least payroll info to me by tomorrow.  
 She is working at home + does not have fax  
 so I gave her my email.





TheStandard®

March 21, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

The Administrative Review Unit is continuing to review Standard Insurance Company's decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

As indicated in previous correspondence, Ms. Coleman-Fire's file was recently reviewed by a board certified Neurologist and a board certified Neuropsychologist. Following these reviews, her file was again reviewed by a Vocational Consultant. All reviews have now been completed, and we are in the process of completing our independent review of the decision made on her claim. At this time, we still anticipate that we will be able to complete our review no later than March 27, 2016.

We will send you periodic updates regarding the status of our review and you will be notified in writing once the review is completed. Thank you for your patience during the review process. If you have any questions, please call me at 971.321.8765. You may also fax information to my attention at 971.321.5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
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STND 18-03985-000319



TheStandard®

February 26, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

The Administrative Review Unit is continuing to review Standard Insurance Company's decision to close Ms. Coleman-Fire's long term disability (LTD) claim. We are also writing in response to your letter dated February 23, 2016.

As indicated in previous correspondence, Ms. Coleman-Fire's file was sent for review by two Physician Consultants who has not previously reviewed her file, one board certified in Neurology and one a board certified Neuropsychologist. Both reviews have now been completed. We are now in the process of completing our independent review of the decision made on Ms. Coleman-Fire's claim. At this time, we still anticipate that we will be able to complete our review no later than March 27, 2016.

In your February 23, 2016 letter, you requested a copy of the letter that accompanied the lump sum check issued on June 30, 2015. Enclosed please find a copy of that letter, dated July 1, 2015, as well as the enclosures.

We will send you periodic updates regarding the status of our review and you will be notified in writing once the review is completed. Thank you for your patience during the review process. If you have any questions, please call me at 971.321.8765. You may also fax information to my attention at 971.321.5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
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STND 18-03985-000320

  
TheStandard®

July 1, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). Your LTD claim has been approved with benefits payable through December 12, 2014. We would like to take this opportunity to explain how your benefits have been calculated and how we determine the length of time benefits are payable.

In order to be eligible for LTD Benefits we must have satisfactory written Proof Of Loss supporting that you are Disabled as defined by the Group Policy. The Group Policy defines Disability, in part, as follows:

*DEFINITION OF DISABILITY*

*You are Disabled if you meet one of the following definitions during the period it applies:*

*A. Own Occupation Definition of Disability; or*

*C. Partial Disability Definition.*

*A. Own Occupation Definition of Disability*

*During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.*

*You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.*

Standard Insurance Company  
900 N. Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
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STND 18-03985-000321

*Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.*

*During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.*

*Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.*

*Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.*

**C. Partial Disability Definition**

*During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you are working in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.*

*Your Work Earnings may be Deductible Income. See Return To Work Incentive and Deductible Income.*

Proof Of Loss and Documentation are defined by the Group Policy as follows:

**C. Proof Of Loss**

*Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.*

*For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.*

#### *D. Documentation*

*Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.*

Your LTD claim was reviewed to determine whether there is documentation to support that as a result of Physical Disease, Injury, Pregnancy or Mental Disorder you were unable to perform with reasonable continuity the Material Duties of your Own Occupation, or unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation, from February 19, 2014 and continuing.

You indicated on your initial claim form that you were hit by a car while walking your dog on February 19, 2014. You reported that you were unable to work due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. You described your symptoms as headaches, fatigue, neck and back pain, sleeplessness, and anxiety.

An Attending Physician Statement completed by Dr. Uppal, dated December 30, 2014, reflects a diagnosis of concussion and motor vehicle accident. Other diagnoses include anxiety and depression, vertigo, soft tissue injury, and adjustment reaction. Symptoms are described as memory and attention deficit, fatigue, and musculoskeletal complaints. Dr. Uppal noted that you could work with accommodations. He expected your impairment to last approximately three months, but possibly longer. He noted that you could work 75% of your normal workload and should be excused for physical therapy, office visits, and counseling, once or twice per week for the next three months.

In order to obtain a better understanding of your medical condition and any ongoing limitations or restrictions you may have, we requested copies of your medical records from Dr. Uppal, internal medicine; Dr. Chesnutt, sports medicine; Dr. Brown, neurologist; Dr. Ellison, neurologist; and Legacy Emanuel Hospital. Upon receipt of your medical records your claim file was referred to a Physician Consultant, board certified in psychiatry and neurology, for review and comment.

The medical records reflect that you consulted Dr. Uppal on February 20, 2014. You reported that you were walking your dog the prior evening and were hit by a car going full speed. You indicated that you hit your head on the windshield, flew 20 feet up in the air, and then fell on the pavement hitting your head again. You reported no loss of consciousness and were taken to Emanuel Hospital by EMT. It is noted that you suffered soft tissue injuries but no other injuries were found. A CT of the head was negative. You had myalgias which were generalized, and a laceration on your scalp. You also reported having vertigo and headache. You reported feeling sore everywhere with tightened muscles, and when you stood up, turned your head or moved, you had worsening vertigo with nausea. Dr. Uppal's assessment was concussion, vertigo, motor vehicle accident, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms.



You were prescribed Tylenol and Flexeril for myalgias and were referred for physical therapy and massage therapy.

Medical records from Dr. Ellison reflect that you were referred by Dr. Uppal for your complaints of headaches and dizziness, post concussion. You saw Dr. Ellison on March 3, 2014, and recounted the accident, indicating that you did not remember all of the events. Dr. Ellison commented that you may have had a short time out of consciousness. You reported that your vertigo was gone but you still woke a little dizzy. You indicated that your nausea was minimal. You reported persistent mild, dull headaches all of the time, but that you did not need medication for your headaches. You reported tingling and numbness in your cheek for the past four days, on and off. You indicated that physical therapy was helping with your cervical strain. You also reported feeling fatigued, sleeping a lot, and had not been back to work. Dr. Ellison noted that a CT of the brain was normal and C-spine x-rays were also normal. Dr. Ellison's impression was: post head trauma/post-concussion symptoms; posttraumatic headache; nausea, ongoing and mild; history of the ptosis, left eye, worse after the head trauma; cervical strain; right facial paresthesias, intermittent and mild. Dr. Ellison recommended a follow up in one month.

A physical therapy note, dated March 19, 2014, reflects that you reported intermittent dizziness and neck discomfort, which had been slowly improving. You indicated that you attempted to return to work the prior week but became dizzy and had increased headaches after only ten minutes. A follow-up physical therapy note, dated April 9, 2014, reflects that you were discharged from care as you had met your goals. The progress note reflects that your neck discomfort was intermittent and mild, and you had full range of motion in your cervical spine, with only slight discomfort produced. It is noted that you had dizziness with cervical flexion and mild hypertonicity in the left cervical paraspinals and right suboccipitals. It was noted that your vertigo had been eliminated, but you continued to have intermittent light-headedness and headaches, which was likely post-concussive. You reported that you had been back to work half-time, which was going okay. You indicated that you were still fatiguing easily, and had intermittent headaches and dizziness. It was recommended that you return to your sports medicine physician for follow-up.

Medical records from Dr. Brown reflect that you underwent vestibular testing on April 14, 2014, with normal results. There was no evidence of posttraumatic vestibulopathy or posttraumatic endolymphatic hydrops. Your hearing was also normal.

The next available medical records from Dr. Uppal is dated July 11, 2014, and reflects that you were seen for an annual physical exam. The review of systems was negative for myalgias or back pain, and positive for dizziness and depression. Dr. Uppal also noted your history of concussion and that your vertigo was due to the concussion. An examination of your back revealed normal range of motion and no tenderness. Dr. Uppal also noted that you were not nervous or anxious, and did not have insomnia.

Medical records from Dr. Chesnutt reflect that you first consulted him on September 9, 2014, for a concussion management plan. You reported suffering a head injury on February 19, 2014, when you were hit by a car while walking your dog. Your initial symptoms included neck pain,



you again to follow up with a psychologist as this may help speed up your recovery. You were to follow up with Dr. Uppal as needed.

The most recent progress note from Dr. Uppal is dated March 2, 2015, and reflects that you reported that you had been working three quarters time. You indicated that you had been going to counseling for the past month, which had been helpful. You reported not feeling 100% and fatigued in the afternoons. You requested that Dr. Uppal complete paperwork to extend your part-time work. You reported that your prescription may have been interfering with your sleep and Dr. Uppal prescribed Trazodone. It is noted that you were to undergo neuropsychological testing the following month.

The most recent progress note from Dr. Chesnutt, dated March 3, 2015, reflects that you continued to report headaches. It was unclear whether the headaches were related to neck pain or fatigue. You reported that your neck pain improved with massage therapy once a week. You reported some sleep problems related to your medication, and cognitively felt like you were at 75% of baseline, and were not improving. You continued to work at a 75% schedule and were to be referred for a neuropsychological evaluation. Dr. Chesnutt's assessment was concussion, slow to resolve. You were to follow up if your symptoms worsened or failed to improve.

After reviewing the available medical records, the Physician Consultant indicated that the documentation supports that you were stable and closer back to baseline by December 2014. You continued to complain of slowed cognitive processing and were continuing to work at a three-quarter time schedule as an attorney. The Physician Consultant commented that neuropsychological testing had been ordered and recommended that we obtain copies of the testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and anxious September 2014 which may have contributed to your inability to return to full-time work.

In summary, the information in your claim file supports that you ceased work after being struck by a car on February 18, 2014. You were diagnosed with a concussion and also suffered from vertigo, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms. You had an unsuccessful attempt to return to work in April and May 2014 and ceased all work activity again as of May 15, 2014. You were able to return to part-time work as of August 4, 2014, and increased your work schedule to 75% of your full-time schedule.

You notified The Standard that you recently underwent a neuropsychological evaluation and the results of this evaluation supported that you should decrease your work activity to a 60% of full-time schedule. A copy of this neuropsychological evaluation has not been provided.

Available medical information was reviewed by a Physician Consultant who concluded that the documentation supports that you were stable and closer back to baseline by December 2014. The Physician Consultant recommended that we obtain copies of your neuropsychological testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and

anxious September 2014, which may have contributed to your inability to return to full-time work.

In order to be eligible for LTD benefits you must be Disabled under the terms of the Group Policy. Therefore, as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to perform with reasonable continuity the Material Duties of your Own Occupation; or as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation.

Without a copy of your recent neuropsychological evaluation supporting ongoing cognitive impairment, or medical records documenting that your depression and anxiety persisted beyond December 12, 2014, we do not have satisfactory written Proof Of Loss to support that you remain Disabled after your December 12, 2014 medical appointment with Dr. Uppal, at which point you were documented to be stable and closer to baseline.

Based on the information in your claim file we have concluded that you met the Definition of Disability as of February 19, 2014, and the documentation supports that you remained Disabled through December 12, 2014. As such, your LTD claim has been approved with benefits payable through December 12, 2014.

Benefits become payable after you have served a Benefit Waiting Period of 90 days. We have established February 19, 2014 as the date of Disability for your claim. Therefore, benefits became payable as of May 20, 2014.

Your LTD Benefit is 60% of your Predisability Earnings, reduced by Deductible Income described in the Group Policy. Your Predisability Earnings were \$9,791.68 (semi-monthly salary of \$4,895.84 x 2); therefore, your Maximum LTD Benefit is \$5,875.01 per month.

Information in your claim file reflects that you received salary continuation from your employer through July 31, 2014. This is considered Deductible Income and your LTD Benefit has been reduced by salary continuation paid to you through July 31, 2014.

Information in the claim file also reflects that you returned to part time work as of August 4, 2014. Work Earnings are considered Deductible Income, and LTD Benefits are reduced by your Work Earnings according to the formula described in the Group Policy.

A check has been issued to you under separate cover in the amount of \$15,038.11, for LTD Benefits due to you from May 20, 2014 through December 12, 2014.

Information in your claim file reflects that your employer paid your LTD premiums; therefore, your LTD Benefit is 100% taxable.

The Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Life Insurance Policy provides a benefit that continues your group life insurance without payment of

premium provided you meet the eligibility requirements. You must be unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience. We have determined that you do not qualify for this benefit beyond December 12, 2014, as we do not have documentation to support that medical condition prevents you from being gainfully employed. Please contact your employer to ensure that premium payments are made to continue this insurance coverage.

Your LTD claim has closed with our payment to you through December 12, 2014. If you want us to review the claim and this decision you must send us a written request within 180 days after you receive this letter. If you request a review, you will have the right to submit additional information in connection with the claim. Additional information that would be helpful for the review of your claim includes a copy of the neuropsychological testing report and therapy/counseling records supporting that you remain Disabled beyond December 12, 2014. Please include any such new information along with the request for review.

If you request a review, it will be conducted by an individual who was not involved in the original decision. If necessary, the person conducting the review will consult with a medical professional with regard to the claim. The medical professional will be someone who was not previously consulted in connection with the claim. The review would be completed within 45 days after we receive your request unless circumstances beyond our control require an extension of an additional 45 days.

If you request a review and the decision to deny this claim is upheld, you will have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act (ERISA) or state law, whichever is applicable.

We want you to know that upon further investigation, other valid reasons for limiting or denying this claim, which have not been previously considered, could come to our attention. Therefore, The Standard reserves the right to consider and assert other reasons for limitation or denial of this claim should they occur in the future.

Please consult the Certificate of Insurance or Summary Plan document for a complete description of your rights under the terms of the Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Policy.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

LT.WP.OT.1

## REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability following the Benefit Waiting Period, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
  - a. If you become insured again within 90 days.
  - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

LT.RE.OT.2

## DEFINITION OF DISABILITY

You are Disabled if you meet one of the following definitions during the period it applies:

- A. Own Occupation Definition Of Disability;
- B. Any Occupation Definition Of Disability; or
- C. Partial Disability Definition.

### A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

#### B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

#### C. Partial Disability Definition

During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you work in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Your Own Occupation Period and Any Occupation Period are shown in the **Coverage Features**.

(OR DEF\_OWN\_ANY\_NO 40) LT.DD.OT.1

### RETURN TO WORK PROVISIONS

#### A. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 24 months after that date, as follows:

1. During the first 24 months, your Work Earnings will be Deductible Income as determined in a., b. and c:



- a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
- b. Determine 100% of your Indexed Predisability Earnings.
- c. If a. is greater than b., the difference will be Deductible Income.

2. After those first 24 months, 50% of your Work Earnings will be Deductible Income.

#### B. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

#### C. Family Care Expenses Adjustment

If you must pay Family Care Expenses in order to work, we will reduce the amount of the Work Earnings used in determining your Deductible Income, subject to the following:

1. Your Work Earnings will be reduced by the first \$300 per Family Member of the monthly Family Care Expenses you pay, but not to exceed a total of \$600 for all Family Members.
2. The Work Earnings and the Family Care Expenses must be for the same period.
3. You must give us satisfactory proof of the Family Care Expenses you pay.
4. The Work Earnings reduction by Family Care Expenses will end 24 months after it begins.

Family Care Expenses means the amount you pay to a licensed care provider for the care of your Family which is necessary in order for you to work.

Family Member means:

1. Your Child; or
2. Your Spouse, parent, grandparent, sibling, or other close family member residing in your home who is:

## DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) paid to you by your Employer, if it exceeds the amount found in a., b., and c.
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your sick pay or other salary continuation to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
  - a. A workers' compensation law;
  - b. The Jones Act;
  - c. Maritime Doctrine of Maintenance, Wages, or Cure;
  - d. Longshoremen's and Harbor Worker's Act; or
  - e. Any similar act or law.
4. Any amount you, your Spouse, or your child under age 18 receive or are eligible to receive because of your disability or retirement under:
  - a. The Federal Social Security Act;
  - b. The Canada Pension Plan;
  - c. The Quebec Pension Plan;
  - d. The Railroad Retirement Act; or
  - e. Any similar plan or act.

Full offset: Both the primary benefit (the benefit awarded to you) and dependents benefit are Deductible Income.

Benefits your Spouse or a child receives or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence. The term "child" has the meaning given in the applicable plan or act.
5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.
7. Any disability or retirement benefits you receive under your Employer's retirement plan.
8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.
10. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgment, settlement or other method. If you notify us before filing suit or

settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.

11. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(CA'DOM\_NO OTHER OFFST\_PRIV\_WITH 3RD) LT.DI.OT.1

## EXCEPTIONS TO DEDUCTIBLE INCOME

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated death benefits paid under a life insurance policy.
8. Benefits from the following:
  - a. Profit sharing plan.
  - b. Thrift or savings plan.
  - c. Deferred compensation plan.
  - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
  - e. Individual Retirement Account (IRA).
  - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
  - g. Stock ownership plan.
  - h. Keogh (HR-10) plan.
9. The following amounts under your Employer's retirement plan:
  - a. A lump sum distribution of your entire interest in the plan.
  - b. Any amount which is attributable to your contributions to the plan.
  - c. Any amount you could have received upon termination of employment without being disabled or retired.

(PRIV\_NO OTHER OFFST) LT.ED.OT.1

## RULES FOR DEDUCTIBLE INCOME

### A. Monthly Equivalents

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.



**B. Your Duty To Pursue Deductible Income**

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

**C. Pending Deductible Income**

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

**D. Overpayment Of Claim**

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

LT.RU.OT.1

**SUBROGATION**

If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits, and such notice shall constitute a lien on any judgment recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

LT.SG.OT.1

**ADDITIONAL BENEFITS FOR THE SEVERELY DISABLED****A. Assisted Living Benefit**

If you meet the requirements in 1 through 3 below, we will pay Assisted Living Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

**Assisted Living Benefit Requirements**

1. You are Disabled and LTD Benefits are payable to you.
2. While you are Disabled:
  - a. You, due to loss of functional capacity as a result of Physical Disease or Injury, become unable to safely and completely perform two or more Activities Of Daily Living without Hands-on Assistance or Standby Assistance; or

## CLAIMS

### A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

### B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

### C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

### D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

### E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

### F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Benefit. If no Survivors Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

### G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

## Dawn Schonberg

---

**From:** Dawn Schonberg  
**Sent:** Tuesday, February 23, 2016 2:32 PM  
**To:** Necole Suzuki  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

OK I can go look tomorrow. Thanks!

Dawn Schonberg | Senior Benefits Review Specialist Administrative Review Unit The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.8765 | Fax 971.321.5038 dawn.schonberg@standard.com | www.standard.com

-----Original Message-----

**From:** Necole Suzuki  
**Sent:** Tuesday, February 23, 2016 2:32 PM  
**To:** Dawn Schonberg  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

I believe that is the letter they are referring to. The letter is not in LEX.... so we'll need the file.

-----Original Message-----

**From:** Dawn Schonberg  
**Sent:** Tuesday, February 23, 2016 2:31 PM  
**To:** Necole Suzuki  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

Hi Necole -

Perhaps they mean the approval/close letter? Is it in LEX? If not, the file is in DMR and we can go try to get a copy.

Dawn Schonberg | Senior Benefits Review Specialist Administrative Review Unit The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.8765 | Fax 971.321.5038 dawn.schonberg@standard.com | www.standard.com

-----Original Message-----

**From:** Necole Suzuki  
**Sent:** Tuesday, February 23, 2016 2:28 PM  
**To:** Dawn Schonberg  
**Cc:** Kath McGrath  
**Subject:** FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

Hi Dawn,

Please see the attached fax regarding Bethany Coleman Fire. Let me know if you can respond or if there's something we need to do.

Thanks!

Necole Suzuki, FLHC | Sr. Disability Claim Specialist The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.suzuki@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

From: Kath McGrath

Sent: Tuesday, February 23, 2016 2:17 PM

To: Necole Suzuki

Subject: FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

If there's a response on file, let me know and I can resend it.

Kathleen McGrath | Disability Claims Assistant The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.6946 | Fax 503.796.5972 Kath.McGrath@standard.com |  
www.standard.com

-----Original Message-----

From: RightFax Email Gateway

Sent: Tuesday, February 23, 2016 1:50 PM

To: Cgroup Faxes

Subject: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

2/23/2016 1:48:04 PM Transmission Record

Received from remote ID: catherine@meganglor.

Inbound user ID CGROUPFAXES, routing code 5972

Result: (0/352;0/0) Success

Page record: 1 - 3

Elapsed time: 01:22 on channel 29

Fax Images: [double-click on image to view page(s)]



TheStandard®

January 7, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

Standard Insurance Company's goal is to treat all clients fairly. Ms. Coleman-Fire's claim has been referred to our Administrative Review Unit for an independent review of the decision to close her claim for long term disability (LTD) benefits. This unit was formed specifically to assure that each claim receives a fair and objective review.

While we attempt to complete all reviews as promptly as possible, please understand that because there are sometimes multiple or complex issues that must be evaluated, and/or new information to be gathered and assessed, a more extensive review period may be required in some instances. Ms. Coleman-Fire is entitled to one independent review of the decision to close her claim.

Under the terms of the Professional Services Employers Trust on behalf of Davis Wright Tremaine Group Policy, The Standard must complete the independent review within the first 45 days; however, under special circumstances we can extend the review by another 45 days. We anticipate completing the review of Ms. Coleman-Fire's claim no later than February 11, 2016.

We will send you periodic updates regarding the status of our review. You will also be notified in writing once the review is completed. Thank you for your cooperation during the review process. If you have any questions, please feel free to call me at (971) 321-8765. Additional information may faxed to me at (971) 321-5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 337 of 1248**

STND 18-03985-000337

**DAWN SCHONBERG**

SENIOR BENEFITS REVIEW SPECIALIST

Standard Insurance Company  
(971) 321-8765

Office closed 1/1/16 + out of office due to  
weather 1/4/16



## Dawn Schonberg

---

**From:** Ellen Guernsey  
**Sent:** Wednesday, December 30, 2015 12:54 PM  
**To:** Necole Suzuki  
**Cc:** Laura Smith; Dawn Schonberg  
**Subject:** Bethany Coleman-Fire 00VW3181

Necole,

The above ARU review has been assigned to Dawn Schonberg.

Would you please make the following changes in Proclaim?

- Change the user ID to QA1DSCHO
- F1 the claim

Thank you,  
Ellen

**Ellen Guernsey | Staff Assistant II**  
**Administrative Review Unit**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.7593 | Fax 971.321.5038  
[ellen.guernsey@standard.com](mailto:ellen.guernsey@standard.com) | [www.standard.com](http://www.standard.com)

*Ensure a sustainable future – only print when necessary.*

headache, vertigo and dizziness. You reported that you attempted to return to work two weeks prior, but felt awful and went home. You felt nauseous, anxious, and fatigued while at work. You reported working about three hours each day for the past week. You were receiving massage therapy for neck issues. You reported that your daily function was mostly impacted by headaches, treated with massage and nonsteroidal anti-inflammatory drugs. You indicated that you had not received recent therapy for neck pain, and your dizziness and balance issues were episodic and mostly resolved. You reported still having issues with fatigue, some stress related dreams related to the accident, being more irritable, and feeling cognitively slow. You reported doing well working half-time. Dr. Chesnutt's assessment was post-concussion headache; cervical strain, initial encounter; and concussion. Dr. Chesnutt provided a referral for physical therapy and recommended that you take Aleve for pain and swelling.

You consulted Dr. Uppal on September 16, 2014, to follow up on your motor vehicle accident, headaches, and fatigue, and to discuss new medication. You indicated that you were followed by Dr. Chesnutt for post-concussion care, and were receiving physical therapy, occupational therapy, speech therapy, and massage therapy. You reported that craniosacral massage helped with your persistent headaches. You indicated that your headaches did not have any specific location and they were present almost daily. You indicated that Dr. Chesnutt mentioned that you should be on an antidepressant as your mood had been low, and you had reported frequent crying spells. You also reported gaining a significant amount of weight. Dr. Uppal's assessment was: reaction, adjustment, anxiety, and depressed mood; headache; neck muscle spasm; weight gain; and post-concussion syndrome. Dr. Uppal recommended that you seek counseling and he prescribed Cymbalta. You were to follow up in four weeks.

You followed up with Dr. Uppal on October 15, 2014. You reported that your mood had improved and you were able to work for a longer duration. You were exercising regularly, but still had episodes of tearfulness. You indicated that you had not been able to see a counselor, but were calling for an appointment. Dr. Uppal's assessment was adjustment reaction, and anxiety and depression, treated with Wellbutrin. You were to follow up in two months.

You followed up with Dr. Chesnutt on December 5, 2014, and reported that your headaches and neck pain were much better, but you were sore by the end of each workday. You reported that your vision was improving but your peripheral vision of the left eye was not as good. You reported less fatigue and that your sleep was generally good. Cognitively, you were doing well but still had some concentration and memory issues. Dr. Chesnutt's assessment was that your concussion was resolving slowly and you should continue with your current rehabilitation and restrictions. Dr. Chesnutt recommended a return visit if your symptoms worsened or failed to improve as anticipated.

You followed up with Dr. Uppal on December 12, 2014, for follow up on your medications. You reported feeling stable on your current medication and felt like you were closer to your baseline than you had been in the past. You reported being back at work, but that you had not made an appointment with a psychologist yet. You indicated that you had one meeting with a therapist but did not click. You continued to follow up with Dr. Chesnutt for post-concussion syndrome. Dr. Uppal noted that you had a normal mood and affect, and your behavior was normal. He advised



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**INTERNAL APPEAL SUBMITTED ON BEHALF OF**  
**BETHANY COLEMAN-FIRE**

DECEMBER 23, 2015

RECEIVED  
SIC BENEFITS DEPT  
DEC 28 2015

**EXHIBIT 1**  
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Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

# Megan E. Glor

Attorneys at Law

Disability ∞ Health ∞ ERISA ∞ Life ∞ Social Security

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

December 23, 2015

**By Facsimile: ((503) 796-5972)**

**And by US Main, Certified RR No. 7015 0640 0003 6772 7759**

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
903 SW Fifth Avenue  
Portland, OR 97204-1235

Telephone: (800) 368-1135, ext. 3198

RE: Claimant: Bethany Coleman-Fire  
Group: Professional Services Employers Trust on behalf of Davis Wright  
Tremaine LLP  
Group Policy: 445474  
Claim No.: 00VW3181

Dear Ms. Suzuki:

As you know, our law firm represents Bethany Coleman-Fire in connection with Standard Insurance Company's ("Standard") July 1, 2015 decision to terminate Ms. Coleman-Fire's Long Term Disability ("LTD") benefits. Ms. Coleman-Fire had LTD insurance coverage under a Group LTD Policy ("Policy") issued to Davis Wright Tremaine LLP ("DWT") by Standard. This letter and the following enclosures represent Ms. Coleman-Fire's complete appeal of Standard's termination of her claim for LTD benefits except for additional chart records from Ms. Coleman-Fire's scheduled medical appointment on January 12, 2016. Please refrain from reviewing Ms. Coleman-Fire's appeal until you receive the additional records. I will forward the additional records to Standard immediately upon my receipt.

Enclosures are:

1. Article entitled "Traumatic Brain Injury: Hope Through Research" from the National Institute of Neurological Disorders and Stroke;
2. Article entitled "Heads Up Facts for Physicians About Mild Traumatic Brain Injury (MTBI)" from the Centers for Disease Control and Prevention;
3. Article entitled "Postconcussive Syndrome" by Eric L. Legome, M.D.;
4. Oregon Health & Science University ("OHSU") medical records from April 3, 2014 through October 12, 2015;

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Review req.

December 23, 2015  
Re: Bethany Coleman-Fire  
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5. Dr. Richa Uppal's chart records from June 2, 2015 through September 22, 2015;
6. Dr. Rosemary Detmer Stone's chart record dated June 18, 2015;
7. Dr. James Chesnutt's chart record dated December 11, 2015;
8. Dr. Sara Walker's letter regarding Ms. Coleman-Fire dated May 19, 2015;
9. Dr. James Chesnutt's letter regarding Ms. Coleman-Fire dated December 10, 2015;
10. Letter from Michal Fire, Ms. Coleman-Fire's sister-in-law, dated November 30, 2015;
11. Letter from Paulette Fire, Ms. Coleman-Fire's mother-in-law, dated November 30, 2015;
12. Letter from Susan England, Ms. Coleman-Fire's secretary at DWT;
13. Letter from Leora Coleman-Fire, Ms. Coleman-Fire's wife, dated December 17, 2015; and
14. Personal statement from Bethany Coleman-Fire dated December 17, 2015

### I. INTRODUCTION.

Bethany Coleman-Fire is a 32 year-old associate attorney at DWT. Ms. Coleman-Fire began working full time, which was equivalent to 1800 billed hours/year, at DWT on June 1, 2013.

On February 19, 2014, Ms. Coleman-Fire was struck by an automobile while walking her dog. She suffered a concussion and subsequently developed post concussion syndrome, which was manifested by fatigue, headaches, neck pain, vertigo, sensitivity to light and noise, decreased memory, decreased reading comprehension, and decreased retention of read material,

Ms. Coleman-Fire returned to work at DWT on March 12, 2014, but developed a searing headache and fatigue after 45 minutes and had to leave. She remained on medical leave through the end of March, 2014.

Ms. Coleman-Fire made another unsuccessful attempt to return to work at DWT in April, 2014. She relied on intermittent leave in order to have a significantly reduced schedule and to avoid working on consecutive days. However, Ms. Coleman-Fire only worked 14% of full time (23.7 hours out of 169.4 expected billed hours/month), as she was unable to work more than 3-4 hours/day because of her continuing post concussion syndrome symptoms and signs. In May, 2014, Ms. Coleman-Fire again went on medical leave, as she could not maintain even a greatly reduced work schedule.

Ms. Coleman-Fire returned to part-time work (50% or 900 billed hours/year) on August 4, 2014. In September, 2014, DWT increased Ms. Coleman-Fire's workload to 75% of full time (1350 billed hours/year), although she continued to struggle with fatigue and cognitive issues. From August, 2014 through May, 2015, Ms. Coleman-Fire was only able to work 803.5 hours of her expected 1501.5 billed hours, which was 53.5% of full time.

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Ms. Coleman-Fire underwent a neuropsych evaluation by Dr. Sarah Walker on April 27, 2015. Following the evaluation, Dr. Walker advised her to decrease her workload to 50-60% billed time (900-1080 hours/year). Ms. Coleman-Fire spoke with DWT about reducing her workload to 60% billed time, but at present her workload remains at 75%, even though she has continually failed to meet the expected billed hours for a 75% schedule (from June, 2015 through November, 2015, Ms. Coleman-Fire was only able to work 445.2 hours of her expected 1008.7 billed hours, which was 44.1% of full time). Beginning January 1, 2016, however, DWT has mandated Ms. Coleman-Fire reduce her workload to 60% billed time because of her continual failure to meet billable expectations even at a reduced schedule.

As Ms. Coleman-Fir is currently struggling to fulfill even a 60% workload because of her fatigue and decreased reading comprehension and retention, it is highly unlikely that she will be able to continue DWT's mandated 60% schedule in 2016. She will then be faced with further decreasing her workload or possibly be faced with termination of her employment by DWT.

By letter dated July 1, 2015, Standard informed Ms. Coleman-Fire it had approved her claim for LTD benefits beginning May 20, 2014. However, in the same letter, Standard also informed Ms. Coleman-Fire it had terminated her LTD benefits effective December 13, 2014. Standard asserted it did not have satisfactory documentation supporting her disability after December 12, 2014.

This appeal will document that Ms. Coleman-Fire continues to be partially disabled by her post concussion syndrome symptoms and signs and is currently unable to work more than approximately 50% billed time (900 billed hours/year).

As Ms. Coleman-Fire has continued to be partially disabled under the terms of the Policy, I ask Standard to reinstate her LTD benefits effective December 13, 2014 and continue them through the maximum benefit period as long as she remains disabled under the terms of the Policy.

## **II. MS. COLEMAN-FIRE'S MEDICAL HISTORY.**

### **A. Ms. Coleman-Fire's 2014 Medical Records Document the Development of Her Post Concussion Syndrome.**

1. Ms. Coleman-Fire was evaluated at the Legacy Emanuel Medical Center Emergency Room on February 19, 2014. She was seen by Dr. Arman Faroghi, an emergency medicine specialist. Dr. Faroghi noted Ms. Coleman-Fire was struck on the right side of her body by a car while she was crossing the street. He noted she complained of nausea, headache, left index finger pain and numbness, elbow soreness bilaterally, left knee soreness, and ankle pain.

On physical examination ("PE"), Dr. Faroghi observed dried blood in right nostril; mild tenderness over right zygomatic arch; scalp abrasion; mild soreness of upper

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and lower extremities with full range of motion; mild ecchymosis and swelling left 2<sup>nd</sup> metacarpophalangeal ("MCP") joint; and Glasgow coma score ("GCS") of 15—eye subscore of 4, verbal subscore of 5, and motor subscore of 6.

During her ER course, Ms. Coleman-Fire was medicated several times for nausea.

A head CT revealed a mild left posterior parietal scalp hematoma without associated calvarial fracture. The impression of the radiologist was left parietal scalp injury without acute intracranial abnormality.

Dr. Faroghi's diagnoses were concussion, scalp abrasion, and contusion of the left hand. He prescribed Zofran for nausea at discharge.

2. Ms. Coleman-Fire saw Dr. Richa Uppal, an internist, on February 20, 2014. Dr. Uppal noted Ms. Coleman-Fire was struck on her right side by a car while crossing a street with her dog; hit her head on the windshield; flew over the car; and hit her head again upon landing on the pavement. She noted Ms. Coleman-Fire did not lose consciousness and was taken to Emanuel Hospital by ambulance where she was evaluated in the emergency room ("ER"). Dr. Uppal reported Ms. Coleman-Fire's examination in the ER revealed generalized myalgias, a scalp laceration, epistaxis, and vertigo. She noted Ms. Coleman-Fire presently felt soreness everywhere; had tight muscles; had a global headache; and experienced worsening vertigo with nausea when standing, moving, or turning her head.

On PE, Dr. Uppal observed tenderness of the temporomandibular joint bilaterally; tenderness of the right zygomatic arch; reduced mouth opening; a small amount of dried blood in the right nostril; a scalp abrasion; a reduced range of motion of the cervical spine with paraspinal muscle spasm; and myalgias of the back, neck, and upper and lower extremities.

Dr. Uppal's assessment included: 1) concussion; 2) vertigo; 3) nausea; 4) soft tissue injury; 5) neck strain and strain; and 6) paraspinal muscle spasm. Dr. Uppal ordered cervical spine x-rays and referred Ms. Coleman-Fire for physical therapy and massage therapy.

3. Ms. Coleman-Fire underwent cervical spine x-rays on February 20, 2014. The impression of the radiologist was a negative x-ray exam.

4. Ms. Coleman-Fire saw Curtis Persons, MPT (Master Physical Therapist), on February 27, 2014. MPT Persons noted Ms. Coleman-Fire was continuing to experience headaches, lightheadedness, vertigo, fatigue, and neck pain since being struck by a car. He noted her symptoms had slightly improved, but that she still suffered from a constant dull aching headache and several episodes of vertigo each day that were triggered with certain movements.

On PE, MPT Persons observed slight tenderness of the cervical spine with active range of motion; dizziness with cervical flexion while seated; mild hypotension of the

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left cervical paraspinals and right suboccipital muscles; vertigo (lasting less than 15 seconds) that occurred going from a seated to supine position with head rotated right; and slight nystagmus.

MPT Persons performed the Epley maneuver twice (with Ms. Coleman's-Fire head rotated right) and achieved complete resolution of her vertigo following the second maneuver.

MPT Persons' assessment included: 1) benign paroxysmal positional vertigo ("BPPV"); 2) post concussion headaches; and 3) mild cervical strain. His plan included physical therapy 1-2 x/week for 4 weeks.

5. Ms. Coleman-Fire saw Dr. Catherine Ellison, a neurologist, on March 3, 2014, for headaches and dizziness following her concussion. Dr. Ellison noted Ms. Coleman-Fire experienced a continuous migratory mild dull headache that intermittently worsened and was associated with numbness and tingling of her right cheek. She also noted Ms. Coleman-Fire's ongoing fatigue, lack of energy, daytime sleepiness, neck pain, dizziness, minimal nausea, and feeling of being unable to focus.

On PE, Dr. Ellison observed normal neurological findings.

Dr. Ellison's impression included: 1) post head trauma/post concussion symptoms—continues with some nausea, headache, severe fatigue, daytime sleepiness, and difficulty with cognitive processing; 2) post traumatic headache—mild, migratory; 3) nausea—mild, ongoing; 4) cervical strain; and 5) right facial paresthesias—mild, intermittent.

6. Ms. Coleman-Fire saw Lia Yamamoto, DPT (Doctor of Physical Therapy), on March 12, 2014. DPT Yamamoto noted Ms. Coleman's Fire vertigo had resolved, but that she still experienced mild dizziness when going up stairs or changing positions and still experienced daily headaches. She also noted Ms. Coleman-Fire experienced left foot burning when bending down.

On PE, DPT Yamamoto observed slightly increased dizziness with 75 degrees of cervical extension, a positive left straight raise, and reproduction of foot burning symptoms with flossing exercise.

DPT Yamamoto's assessment noted improvement in Ms. Coleman-Fire's flexibility and ability to sit properly. She reported Ms. Coleman-Fire's remaining impairments were decreased flexibility, decreased range of motion, pain, decreased strength, weakness, inflammation, dizziness, and headache.

7. Ms. Coleman-Fire saw MPT Persons on March 19, 2014. MPT Persons noted Ms. Coleman-Fire's intermittent dizziness and neck pain were slowly improving. However, he noted Ms. Coleman-Fire had attempted to return to work the previous week, but had experienced dizziness and an increased headache after only working for 10 minutes.

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On PE, MPT Persons observed mild limitation in the left straight leg raise compared to the right and burning in the heel with forward bending.

MPT Persons' assessment noted little change in Ms. Coleman-Fire's resting pain that might be attributable to her concussion, but noted improvement in her moving in bed and transferring without vertigo. He noted Ms. Coleman-Fire's remaining impairment was pain.

8. Ms. Coleman-Fire saw Dr. Jeffry Brown, a neurologist, on April 3, 2014, for her posttraumatic dizziness. Dr. Brown noted Ms. Coleman-Fire had strong positional vertigo following her accident, but that it completely resolved following an Epley maneuver performed by physical therapy. However, Dr. Brown noted Ms. Coleman-Fire continued to experience repeated attacks of dizziness associated with a momentary loss of balance. He noted the dizziness occurred randomly once or twice/day and was followed by mild nausea and cognitive difficulties. He further noted Ms. Coleman-Fire's dizziness was more apt to occur upon rising quickly from a chair; when stressed; with rapid movements; when presented with complex visual situations; and when fatigued.

Dr. Brown reported Ms. Coleman-Fire's symptoms seemed to be gradually improving, but that she continued to have daily bilateral headaches. He reported she attempted to return to work, but was unsuccessful as her tolerance for work and her efficiency at work were limited.

On PE, Dr. Brown observed Ms. Coleman-Fire veered to the left when walking with eyes closed and had a leftward rotating Fukuda test (used to determine if there is a vestibular system weakness on one side).

Dr. Brown performed video infrared oculography, which was normal.

Dr. Brown's impression included: 1) benign paroxysmal positional vertigo—cause of her initial posttraumatic dizziness; 2) daily headaches—likely a result of her mild concussion; 3) dizziness—likely a result of her mild concussion; and 4) possible vestibular lesion (such as posttraumatic hydrops or vestibular neuronitis)—possible cause of rotating to the left when walking with eyes closed and left rotating Fukuda test.

Dr. Brown noted Ms. Coleman-Fire's symptoms would gradually improve in a waxing and waning fashion and felt she would be able to tolerate most of her activities in three months. He discussed with Ms. Coleman-Fire the need to rest more while her brain was healing and when she became fatigued.

9. Ms. Coleman-Fire saw Dr. Sean Robinson, a sports medicine fellow at OHSU, on April 3, 2014, for a concussion evaluation. Dr. Robinson noted Ms. Coleman-Fire suffered a head injury when struck by an automobile on February 19, 2014. He noted her initial symptoms were headache, neck pain, vertigo, and dizziness. Dr. Robinson reported Ms. Coleman-Fire attempted to return to work two weeks prior to the accident, but had to leave after approximately an hour and a half because of nausea and fatigue. He

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reported she returned to work for three hours the day prior to her visit, but again felt exhausted and experienced worsening symptoms with minimal activity.

Dr. Robinson noted Ms. Coleman-Fire's Sports Concussion Assessment Tool ("SCAT") score was 71. Severe SCAT symptoms included don't feel right, feeling dinged or dazed, feeling slowed down, feeling in a fog, fatigue or low energy, more emotional than usual, difficulty concentrating, and nervous or anxious. Moderate SCAT symptoms included headache, pressure in head, neck pain, balance problems or dizzy, drowsiness, irritable, difficulty remembering, and sleeping more than usual. Dr. Robinson noted Ms. Coleman-Fire's symptoms became worse with activity and that she was sleeping 10-11 hours/day.

Dr. Robinson's assessment was concussion (primary encounter diagnosis). He noted Ms. Coleman-Fire was entering a postconcussive syndrome, as she remained symptomatic six weeks after the accident.

10. Ms. Coleman-Fire saw MPT Persons on April 9, 2014. MPT Persons noted Ms. Coleman-Fire continued to experience intermittent lightheadedness and headache, which was likely post-concussive. He also noted her neck soreness had improved.

MPT Persons reported Ms. Coleman-Fire had returned to work half time, which had "been going ok", but that she still became fatigued very easily and experienced intermittent headaches and dizziness.

On PE, MPT Persons observed slight pain at end range cervical rotation and right side bending and slight pain with resisted cervical left side bending.

MPT Persons' assessment was: 1) minimal pain at end range right cervical rotation/side bend; and 2) increased ability to work. His plan was to have Ms. Coleman-Fire continue a home exercise program.

11. Ms. Coleman-Fire saw Jeffery Schlimgen, PT (Physical Therapist), on April 10, 2014. PT Schlimgen noted Ms. Coleman-Fire suffered from fatigue, constant headaches, sensitivity to noise, and an "out of body" feeling. He noted her headache pain was 3-4/10 upon beginning the physical therapy session; increased to 5/10 during the session; and was aggravated by physical activity and cognitive tasks.

PT Schlimgen reported Ms. Coleman-Fire scored 60/100 on a Dizziness Handicap Inventory (DHI), which indicated a moderate level of disability (less than 30—low level of disability; 31-60—moderate level; 61 and above—severe level).

On PE, PT Schlimgen observed Ms. Coleman-Fire's gait velocity was below normal for the 25 foot gait walk at both her selected speed and her fast speed and that her fast speed walk increased her headache pain to 5/10. He also observed she had difficulty looking up and using stairs; experienced neck pain with cervical rotation; had tenderness at her occiput bilaterally; felt nauseous/woozy with cervical extension; experienced neck pain with cervical traction; and experienced dizziness with vertical eye movements.

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PT Schlimgen's assessment noted Ms. Coleman-Fire was at risk for falling (high DHI score) and that she had a mild balance impairment. He stated she would benefit from balance, gait, and endurance training.

12. Ms. Coleman Fire saw Roseanne Yee, OT (Occupational Therapist), on April 11, 2014. OT Yee noted Ms. Coleman-Fire currently experienced constant headaches that ranged from mild to severe; had severe fatigue and tired easily; was unable to concentrate; experienced dizziness; and had vision problems.

On PE, OT Yee observed impairment in ocular motility, saccades, convergence, and reading/scanning tasks.

OT Yee noted in her assessment that Ms. Coleman-Fire had visual impairments with saccades, functional scan, pursuit, fixation, and convergence that elicited her symptoms. She reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

13. Ms. Coleman-Fire underwent vestibular lab testing on April 14, 2014. Dr. Brown's interpretation of the testing was: 1) normal hearing bilaterally; 2) no evidence of endolymphatic hydrops/Meniere's disease in either ear; 3) oculomotor examination was normal; 4) no significant gaze evoked, spontaneous, positional or headshake evoked nystagmus; 5) no evidence of BPPV; 6) normal horizontal semicircular canal responses to caloric stimulation; and 7) normal bilateral vestibular evoked myogenic potentials, which are consistent with normal saccular and inferior vestibular nerve function, and no evidence of superior semicircular canal dehiscence.

14. Ms. Coleman-Fire saw Maxine Kacher, CCC-SLP (Certificate of Clinical Competence in Speech Language Pathology), for cognitive communication deficits secondary to her head injury. SLP Kacher noted Ms. Coleman-Fire experienced constant headaches that increased with stimulation or concentration; fatigue; and significantly decreased endurance. She also noted Ms. Coleman-Fire was easily distracted.

SLP Kacher noted in her assessment that Ms. Coleman-Fire had mild cognitive communication deficits in attention, immediate memory, and delayed memory plus decreased cognitive endurance characterized by symptom exacerbation with prolonged periods of concentration/stimulation.

15. Ms. Coleman-Fire saw PT Schlimgen on April 23, 2014. PT noted Ms. Coleman-Fire continued to experience headaches, dizziness, and fatigue and currently felt nauseous.

On PE, PT Schlimgen observed occipital tenderness bilaterally. He noted in his assessment that Ms. Coleman-Fire's balance had improved, but that she was still symptomatic with visual testing and dual tasking.

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16. Ms. Coleman-Fire saw Dr. Brown on April 29, 2014, for follow up of her vestibular testing. Dr. Brown noted Ms. Coleman-Fire's vestibular testing was normal—no evidence of posttraumatic vestibulopathy or endolymphatic hydrops and normal hearing. Dr. Brown stated he expected Ms. Coleman-Fire to have excellent resolution of her issues, but could not predict when that would be. He recommended that Ms. Coleman-Fire return to work in a graded fashion when able and extend her hours as tolerated.

17. Ms. Coleman-Fire saw OT Yee on May 5, 2014. OT Yee noted Ms. Coleman-Fire continued to experience constant headaches that ranged from mild to severe, fatigue, difficulty concentrating, and mild dizziness. She reported Ms. Coleman-Fire's pain level was 3/10.

OT Yee's assessment noted Ms. Coleman-Fire continued to have vision issues, headaches, fatigue, and dizziness resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

18. Ms. Coleman-Fire saw SLP Kacher on May 6, 2014. SLP Kacher noted Ms. Coleman-Fire continued to have difficulty with sustained attention and endurance. She noted in her assessment that Ms. Coleman-Fire continued to have mild cognitive communication deficits in attention and had decreased cognitive endurance characterized by symptom exacerbation with prolonged concentration or stimulation.

19. Ms. Coleman-Fire saw PT Schlimgen on May 19, 2014. PT Schlimgen noted Ms. Coleman-Fire's fatigue with stress or exercise, constant headaches, sensitivity to noise, and her "out of body" feeling. He reported her DHI score was 32/100 (decreased from 60/100 on April 10, 2014), which indicated a moderate level of disability.

PT Schlimgen noted in his assessment Ms. Coleman-Fire's fatigue was her most prominent symptom and that her aerobic tolerance was limited to moderate exercise before symptom reproduction occurred.

20. Ms. Coleman-Fire saw Dr. Rosemary Detmer Stone, an optometrist, on May 20, 2014, for a neuro-optometric evaluation. Dr. Detmer Stone noted Ms. Coleman-Fire had constant headaches and continuing fatigue that interfered with reading and computer use. She noted Ms. Coleman-Fire had residual balance problems and was receiving massage therapy for sciatic nerve, upper back, left leg, and left foot issues.

Dr. Detmer Stone's examination revealed oculomotor dysfunction in fine saccades and convergence insufficiency. Her assessment/impression noted Ms. Coleman-Fire's convergence insufficiency affected her near visual tasks and impacted her reading and computer use performance. Dr. Detmer Stone recommended Ms. Coleman-Fire not work for another month in order to help improve her visual function.



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21. Ms. Coleman-Fire saw OT Yee on May 28, 2014. OT Yee noted Ms. Coleman-Fire continued to experience constant mild headaches, fatigue, and difficulty concentrating.

OT Yee's assessment again noted that Ms. Coleman-Fire continued to have vision issues, headache, fatigue, and dizziness resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

22. Ms. Coleman-Fire saw PT Schlimgen on June 2, 2014. PT Schlimgen noted Ms. Coleman-Fire's most prominent symptom was fatigue, but that she also continued to experience headaches, decreased balance, and convergence insufficiency.

23. Ms. Coleman-Fire saw SLP Kacher on June 3, 2014. SLP Kacher noted Ms. Coleman-Fire continued to have constant headaches and that vision exercises currently caused headaches.

SLP Kacher noted in her assessment that Ms. Coleman-Fire's decreased cognitive endurance and mild cognitive communication deficits in attention continued.

24. Ms. Coleman-Fire saw Dr. Detmer Stone on June 18, 2014. Dr. Detmer Stone noted Ms. Coleman-Fire continued to experience headaches, reduced endurance, and poor attention span. She also noted Ms. Coleman-Fire's computer use was very limited.

Dr. Detmer Stone's assessment/impression noted improved convergence ability (by 25%) and improved saccades and visual tracking (by 25%), but that saccadic function was still low and not at expected levels.

25. Ms. Coleman-Fire saw OT Yee on June 19, 2014. OT Yee noted Ms. Coleman-Fire continued having constant mild headaches that varied according to her activity. She also noted Ms. Coleman-Fire could not concentrate more than 20 minutes.

OT Yee's assessment again noted that Ms. Coleman-Fire continued to have vision issues, headache, and fatigue resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

26. Ms. Coleman-Fire saw PT Schlimgen on June 23, 2014. PT Schlimgen noted Ms. Coleman-Fire's exercise tolerance, balance, dizziness, and vision had improved, but that she continued to experience fatigue. His assessment included fatigue, headaches, decreased balance, neck stiffness, impaired aerobic tolerance, and mild impairments in cervical range of motion and balance.

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27. Ms. Coleman-Fire saw OT Yee on June 25, 2014. OT Yee noted Ms. Coleman-Fire continued to experience a constant mild headache that currently was 2/10 and that varied with activity.

OT Yee's assessment continued to note Ms. Coleman-Fire had vision issues, headache, and fatigue resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

28. Ms. Coleman-Fire saw SLP Kacher on July 1, 2014. SLP Kacher noted Ms. Coleman-Fire's mild headaches and vision impairments persisted, but that they were slowly getting better.

SLP Kacher noted in her assessment that Ms. Coleman Fire had made slow, but steady gains in cognitive communication and significant gains in memory and attention. She added Ms. Coleman-Fire's current main deficits were headaches and vision issues.

29. Ms. Coleman-Fire saw OT Yee on July 11, 2014. OT Yee noted Ms. Coleman-Fire continued to experience constant mild headaches that varied with activity and currently was 3-4/10.

OT Yee's assessment continued to note Ms. Coleman-Fire had vision issues, headache, and fatigue resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

30. Ms. Coleman-Fire saw Dr. Uppal on July 11, 2014, for her annual examination. Dr. Uppal noted Ms. Coleman-Fire was experiencing vertigo, dizziness, and blurred vision.

Dr. Uppal's PE was normal. Her assessment included: 1) history of concussion, and 2) vertigo due to concussion.

31. Ms. Coleman-Fire saw Dr. Detmer Stone on July 15, 2014. Following her examination, Dr. Detmer Stone's impression was that all of Ms. Coleman-Fire's visual skills were within her expected ability. Dr. Detmer Stone recommended Ms. Coleman-Fire return to work part time in August, 2014, for one month and then advance to full time within 4-6 weeks.

32. Ms. Coleman-Fire saw PT Schlimgen on July 24, 2014. PT Schlimgen noted Ms. Coleman-Fire experienced an episode of vertigo and intermittent ringing in ears. He also noted Ms. Coleman-Fire's exercise tolerance was increasing and her attention span and balance were improving, but that she continued to have headaches.

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33. Ms. Coleman-Fire saw OT Yee on August 15, 2014. OT Yee noted Ms. Coleman-Fire's sensitivity to noise at work and her current headache that was 3-4/10.

OT Yee's assessment continued to note Ms. Coleman-Fire had vision issues, headache, and fatigue resulting from her concussion. She reported Ms. Coleman-Fire's visual impairments with saccades, functional scan, pursuit, fixation, and convergence continued and elicited her symptoms. OT Yee again reported Ms. Coleman-Fire's increased fatigue affected her function and that she also experienced cognitive problems, decreased coordination, and visual deficits.

34. Ms. Coleman-Fire saw OT Yee on August 25, 2014. OT Yee noted Ms. Coleman-Fire worked six hours/day for 10 days in a row, which resulted in a return of all her symptoms. She also noted Ms. Coleman-Fire continued to be distracted by noise and that her headaches increased with concentrated visual activity.

OT Yee reported in her assessment that Ms. Coleman-Fire's impaired peripheral vision and convergence elicited her symptoms; that her fatigue affected her function; and that she experienced cognitive problems, decreased coordination, and visual deficits.

35. Ms. Coleman-Fire saw Dr. James Chesnutt, a family practitioner and sports medicine specialist, on September 9, 2014. Dr. Chesnutt noted Ms. Coleman-Fire had previously attempted to return to work, but developed worsening symptoms, including nausea and fatigue, and became exhausted with minimal activity. He noted she had tolerated working half time for the past month, but that her symptoms worsened when she tried to increase her work schedule.

Dr. Chesnutt noted Ms. Coleman-Fire's Sports Concussion Assessment Tool ("SCAT") Score was 71 on April 3, 2014 and 84 on September 9, 2014. Severe SCAT symptoms included neck pain, not feeling right, feeling slowed down, fatigue, more emotional than usual, irritable, difficulty concentrating, difficulty remembering, sadness, and nervous or anxious. Moderate SCAT symptoms included headache, head pressure, vision problems, hearing problems/ringing in ears, feeling dinged or dazed, confusion, feeling in a fog, trouble falling asleep, and sensitivity to noise. Dr. Chesnutt commented that Ms. Coleman-Fire continued to experience daily headaches, fatigue, and cognitive dysfunction.

Dr. Chesnutt's assessment included post concussion headache.

36. Ms. Coleman-Fire saw William Rubine, PT, on September 11, 2014. PT Rubine noted Ms. Coleman-Fire continued to have constant headaches that were 3-4/10.

37. Ms. Coleman-Fire saw OT Yee on September 15, 2014. OT Yee noted Ms. Coleman-Fire continued to experience sensitivity to noise and that her headaches increased with concentrated visual activity.



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OT Yee again reported in her assessment that Ms. Coleman-Fire's impaired peripheral vision and convergence elicited her symptoms; that her fatigue affected her function; and that she experienced cognitive problems, decreased coordination, and visual deficits.

38. Ms. Coleman-Fire saw Dr. Uppal on September 16, 2014, for follow up of her headaches and fatigue. Dr. Uppal noted Ms. Coleman-Fire continued to experience daily headaches that did not have any specific location.

Dr. Uppal's assessment included headache, neck muscle spasm, and post concussion syndrome.

39. Ms. Coleman-Fire saw SLP Kacher on September 17, 2014. SLP Kacher noted Ms. Coleman-Fire was working 75% of full time. She reported Ms. Coleman-Fire's headaches and fatigue persisted, with the headaches exacerbated by stress, prolonged periods of concentration, inadequate sleep, or excessive reading. SLP Kacher also reported Ms. Coleman-Fire could not focus with background distractions and was experiencing difficulty sleeping through the night.

SLP Kacher noted in her assessment that Ms. Coleman-Fire continued to make slow, but steady gains in cognitive communication, but that her headaches and fatigue persisted.

40. Ms. Coleman-Fire saw PT Rubine on September 18, 2014. PT Rubine noted Ms. Coleman-Fire had been doing her home exercises and that her headaches seemed a little less intense. He noted her current headache was 2/10.

41. Ms. Coleman-Fire saw PT Rubine on September 25, 2014. PT Rubine again noted Ms. Coleman-Fire had been doing her home exercises and noted a significant improvement in her headaches. He noted her current headache was 1/10.

42. Ms. Coleman-Fire saw OT Yee on October 7, 2014. OT Yee noted Ms. Coleman-Fire was working full time, but continued to have noise sensitivity and had difficulty blocking out conversations. She also noted Ms. Coleman-Fire had headaches at the end of the day that were 2-3/10.

OT Yee reported in her assessment that Ms. Coleman-Fire's impaired peripheral vision and convergence elicited her symptoms; that her fatigue affected her function; and that she experienced cognitive problems, decreased coordination, and visual deficits.

43. Ms. Coleman-Fire saw PT Rubine on October 9, 2014. PT Rubine noted Ms. Coleman-Fire's headaches were improved, although her neck was still sore.

44. Ms. Coleman-Fire saw Dr. Uppal on October 14, 2014. Dr. Uppal noted Ms. Coleman-Fire had been able to increase her work time. Dr. Uppal's assessment included an adjustment reaction.

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45. Ms. Coleman-Fire saw OT Yee on December 4, 2014. OT Yee noted Ms. Coleman-Fire was exhausted from work and continued to have difficulty blocking out conversations. She reported Ms. Coleman-Fire was only working 75% of full time work, but was putting in 40 hours/week.

OT Yee noted in her assessment that Ms. Coleman-Fire was managing well, but continued to have impaired peripheral vision and convergence. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

46. Ms. Coleman-Fire saw Dr. Chesnutt on December 5, 2014. Dr. Chesnutt noted Ms. Coleman-Fire SCAT Score was 13. Mild to moderate SCAT symptoms included neck pain and difficulty concentrating. Mild SCAT symptoms included vision problems, feeling slowed down, fatigue, more emotional than usual, irritable, difficulty remembering, sensitivity to light, and sensitivity to noise.

Dr. Chesnutt's assessment was a slowly resolving concussion.

47. Ms. Coleman-Fire saw Dr. Uppal on December 12, 2014. Dr. Uppal noted Ms. Coleman-Fire felt closer to her baseline and had returned to work.

Dr. Uppal's assessment was adjustment disorder.

48. Ms. Coleman-Fire saw OT Yee on December 17, 2014. OT Yee noted Ms. Coleman-Fire was experiencing worsening cognitive function at work regarding switching tasks and multitasking.

OT Yee again noted in her assessment that Ms. Coleman-Fire was managing well, but continued to have impaired peripheral vision and convergence. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits. OT Yee recommended a neuropsychological evaluation.

49. Dr. Uppal completed Standard's Attending Physician Statement ("APS") on December 30, 2014. Dr. Uppal listed Ms. Coleman-Fire's primary diagnosis as a concussion, her secondary diagnosis as a motor vehicle accident, and her other diagnoses as vertigo, soft tissue injury, anxiety and depression, and adjustment reaction. Symptoms listed included fatigue, memory and attention deficits, and musculoskeletal complaints.

Dr. Uppal noted Ms. Coleman-Fire could work with accommodations and listed her physical, cognitive, and work limitations as muscle spasm and pain, fatigue, and post concussion memory and concentration deficits. She stated Ms. Coleman-Fire's limitations would impair her for approximately three months, but possibly longer. She added that Ms. Coleman-Fire was seeing Dr. Chesnutt for treatment of her concussion.

Dr. Uppal noted Ms. Coleman-Fire could work 75% of a normal workload with time off for physical therapy, medical visits, and counseling. She reported Ms. Coleman-

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Fire's treatment was complicated by a situational depression. Dr. Uppal further noted Ms. Coleman-Fire's condition had improved since her accident and that she expected further improvement in the future.

**B. Ms. Coleman-Fire's 2015 Medical Records Document the Continuation of Her Post Concussion Syndrome.**

1. Ms. Coleman-Fire saw OT Yee on January 15, 2015. OT Yee again noted Ms. Coleman-Fire was experiencing worsening cognitive function at work regarding switching tasks and multitasking.

OT Yee again noted in her assessment that Ms. Coleman-Fire was managing well, but continued to have impaired peripheral vision and convergence. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits. OT Yee again recommended a neuropsychological evaluation.

2. Ms. Coleman-Fire saw OT Yee on February 5, 2015. OT Yee noted Ms. Coleman-Fire had difficulty sleeping the prior few weeks, possibly due to stress at work.

OT Yee again noted in her assessment that Ms. Coleman-Fire was managing well, but continued to have impaired peripheral vision and convergence. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits. OT Yee noted Ms. Coleman-Fire was scheduled for a neuropsychological evaluation.

3. Ms. Coleman-Fire saw Dr. Uppal on March 2, 2015. Dr. Uppal noted Ms. Coleman-Fire still did not feel 100% and was working  $\frac{3}{4}$  time. She noted Ms. Coleman-Fire wore out in the afternoon at work even though she was only working part time.

Dr. Uppal's assessment included adjustment reaction and post concussion syndrome.

4. Ms. Coleman-Fire saw Dr. Chesnutt on March 3, 2015. Dr. Chesnutt noted Ms. Coleman-Fire's SCAT score was 51. Moderate SCAT symptoms included headache, neck pain, vision problems, hearing problems/ringing in ears; feeling dinged or dazed, feeling slowed down, drowsiness, fatigue, more emotional than usual, irritable, difficulty concentrating, difficulty remembering, sadness, nervous or anxious, trouble falling asleep, and sensitivity to light. Mild SCAT symptoms included don't feel right, and sensitivity to noise. Dr. Chesnutt noted Ms. Coleman-Fire continued to experience headaches, possibly related to her neck or fatigue, and continued to have cognitive difficulties related to attentiveness and efficiency. He reported Ms. Coleman-Fire felt like she was operating at only 75% of her mental capacity, but was unable to get any better.

Dr. Chesnutt's assessment was a concussion that was slow to resolve.

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5. Ms. Coleman-Fire saw Sara Walker, Ph.D., a psychologist, for a neuropsychological evaluation on April 27, 2015. Dr. Walker noted Ms. Coleman-Fire was referred for a neuropsychological evaluation to determine the nature and extent of cognitive impairment following her head injury on February 19, 2014.

Dr. Walker reported Ms. Coleman-Fire noted cognitive problems upon her return to work:

“She returned to work 3 weeks after her injury and began noticing [the] functional impact of [her] cognitive problems. Her work requires a significant amount of reading and writing and she has difficulty in these areas now, especially with proofreading her work. She has returned to 75% time (in this case, expected to bill for 75% of the typical expectations). That has still required her to work from 8am-6pm most days. She feels less efficient with her work, particularly around mid-afternoon.”

Dr. Walker addressed Ms. Coleman-Fire’s activities of daily living:

“The patient endorsed difficulty completing as many household chores and errands as she could before her injury. She misplaces items, becomes distracted when shopping, and forgets items even when she uses lists. She had trouble managing her medications; however, she currently uses a pillbox to compensate and only forgets to take her medications about once per week. Her ability to complete tasks is also affected by diminished energy.”

Dr. Walker summarized the findings and results of Ms. Coleman-Fire’s testing, noting her weakness in efficiently recalling information, her difficulty sustaining auditory and visual attention, her difficulty shifting attention, and her difficulty efficiently approaching a complex problem:

“Verbal intellect, specifically was very superior and perhaps even an underestimate of her abilities in that domain...Visual abstract reasoning, construction, and working memory were also consistently well above average. The same was true with verbal fluency. Learning and memory for both verbal and visual information was also quite strong.

Although Ms. Coleman-Fire exhibited strong learning curves and excellent retention for what she learned, the efficiency with which she recalled something immediately after seeing or hearing it once tended to be within the average range. For her, this reflects an area of weakness. I question whether processing speed may be implicated in her difficulty quickly committing new information to memory. Simple speed of information processing was well within the average range, although that too is below expectations for her. When another layer of cognitive

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complexity was added, her ability to sustain attention (auditory and visual) and shift attention was low-average. It is important to emphasize with these latter domains that her performance is in comparison to other with her age and educational background, i.e., a high-achieving comparison group. Nevertheless, falling within a low-average range in comparison to others with 19-20 years of education does reflect the changes/difficulties she has experienced. Even outside of a time constraint, efficiently approaching a complex situation or problem was difficult. She might struggle to grasp the nature of unfamiliar or complex tasks and further struggle to switch sets or 'shift gears' from there."

Dr. Walker explained that Ms. Coleman-Fire's cognitive difficulties are seen in people who have suffered a head injury and that her anxiety and depression are understandable reactions to her situation:

"Difficulties with executive functioning and speed of processing can be seen in people who have sustained head injury. Although it is somewhat atypical for such symptoms to persist as long as they have, her otherwise unremarkable medical history helps rule out other potential contributors. Her symptoms of anxiety and depression strike me as an understandable reaction to her cognitive and functional abilities at this time, but they remain excellent targets for aggressive intervention to reduce any risk of their exacerbating areas of cognitive inefficiency."

Dr. Walker concluded her evaluation by stating she fully supported Ms. Coleman-Fire reducing her workload to 60% for a period of time to allow her flexibility regarding options for "scheduling, productivity, and quality of life".

6. Ms. Coleman-Fire saw Dr. Chesnutt on May 26, 2015. Dr. Chesnutt noted Ms. Coleman-Fire's SCAT score was 51 (unchanged from March 3, 2015 score). Severe SCAT symptoms included don't feel right, fatigue, more emotional than usual, difficulty concentrating, and nervous or anxious. Moderate SCAT symptoms included headache, neck pain, feeling slowed down, feeling in a fog, irritable, difficulty remembering, sadness, trouble falling asleep, sensitivity to light, and sensitivity to noise. Mild SCAT symptoms included hearing problems/ringing in ears and feeling dinged or dazed. Dr. Chesnutt commented that Ms. Coleman-Fire's neck pain was improving with physical therapy and that her mental health was doing better as she was working with a therapist.

On PE, Dr. Chesnutt observed improved balance, eyes with mild saccades, and mild to moderate neck trigger points. Dr. Chesnutt stated in his assessment that Ms. Coleman-Fire's concussion related problems were persisting.

7. Ms. Coleman-Fire saw OT Yee on May 28, 2015. OT Yee noted Ms. Coleman-Fire was experiencing extreme fatigue daily and feeling "out of body" when extremely tired or stressed. She also reported Ms. Coleman-Fire was randomly reliving her accident.

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OT Yee's assessment included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

8. Ms. Coleman-Fire saw Dr. Uppal on June 2, 2015, for follow up of her medications. Dr. Uppal noted Ms. Coleman-Fire was being seen at OHSU for her post concussion syndrome. She also noted Ms. Coleman-Fire continued to experience fatigue, lacked energy, and had trouble concentrating, and that her depression scale score indicated moderate depression.

Dr. Uppal's assessment included adjustment reaction with anxious, depressed mood and post concussion syndrome.

9. Ms. Coleman-Fire saw OT Yee on June 12, 2015. OT Yee noted Ms. Coleman-Fire was working less with improved focus, but that she was still not working at her pre-injury pace and was experiencing extreme fatigue daily. She noted Ms. Coleman-Fire's headache was currently 2/10.

OT Yee's assessment again included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

10. Ms. Coleman-Fire saw Dr. Detmer Stone on June 18, 2015. Dr. Detmer Stone noted Ms. Coleman-Fire continued to experience daily headaches, but that the headaches had decreased in severity. She noted fatigue seemed to be the main factor affecting the headaches.

Dr. Detmer Stone's assessment/impression noted a significant decrease in saccadic function during testing compared to a year ago. Dr. Detmer Stone believed the decrease in saccadic function might be contributing to Ms. Coleman-Fire's reading difficulties regarding comprehension and speed. She recommended eye movement training to help improve Ms. Coleman-Fire's reading ability.

Dr. Detmer Stone's diagnoses were: 1) post concussion syndrome, and 2) deficiencies of saccadic eye movement (abnormal optokinetic response).

11. Ms. Coleman-Fire saw OT Yee on June 25, 2015. OT Yee noted Ms. Coleman-Fire recently saw Dr. Stone for an optical examination. The examination revealed Ms. Coleman-Fire's reading skills had significantly decreased since last tested. OT Yee reported Ms. Coleman-Fire continued to experience fatigue.

OT Yee's assessment again included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident

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that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

12. Ms. Coleman-Fire saw Dr. Uppal on July 8, 2015. Dr. Uppal noted Ms. Coleman-Fire continued to feel poorly. Dr. Uppal also noted Ms. Coleman-Fire's neuro-optometric and neuropsych test results at OHSU's concussion center had worsened. She added Ms. Coleman-Fire's post concussion symptoms were interfering with her work and her ability to enjoy her work.

Dr. Uppal's assessment included adjustment reaction with anxious, depressed mood and chronic fatigue.

13. Ms. Coleman-Fire saw OT Yee on July 10, 2015. OT Yee noted Ms. Coleman-Fire was generally feeling better, but continued to experience fatigue and headaches—her current headache was 3-4/10.

OT Yee's assessment remained the same and again included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

14. Ms. Coleman-Fire saw OT Yee on July 30, 2015. OT Yee noted Ms. Coleman-Fire had difficulty with disruptions and switching tasks at work. She noted Ms. Coleman-Fire's headaches and fatigue continued and that her current headache was 1-3/10.

OT Yee's assessment remained the same and again included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits.

15. Ms. Coleman-Fire saw OT Yee on August 10, 2015. OT Yee noted Ms. Coleman-Fire continued to experience headaches and fatigue—current headache was 2-3/10. She reported Ms. Coleman-Fire had difficulty with logging time entries and switching tasks.

OT Yee's assessment remained the same and included extreme fatigue; visual issues involving convergence, saccades, and pursuits; and psychological repercussions from the accident that were impacting recovery. She also noted Ms. Coleman-Fire's increased fatigue affected her function and that she continued to have cognitive problems, decreased coordination, and visual deficits. OT Yee added that Ms. Coleman-Fire experienced the most fatigue when facing disruptions and switching tasks.

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16. Ms. Coleman-Fire saw Dr. Chesnutt on August 25, 2015. Dr. Chesnutt noted Ms. Coleman-Fire's SCAT score was 55 (previous two SCAT scores were 55). Severe SCAT symptoms included neck pain, fatigue, more emotional than usual, and difficulty concentrating. Moderate SCAT symptoms included headache, vision problems, hearing problems/ringing in ears, don't feel right, feeling dinged or dazed, irritable, difficulty remembering, sadness, nervous or anxious, trouble falling asleep, sensitivity to light, and sensitivity to noise. Dr. Chesnutt also noted Dr. Stone's finding that Ms. Coleman-Fire's reading ability had worsened and her recall speed regarding written material was significantly lower than expected. Dr. Chesnutt reported Ms. Coleman-Fire lacked stamina; continued to experience headaches; and had a low energy level.

Dr. Chesnutt noted in his assessment that Ms. Coleman-Fire continued to experience persistent concussion symptoms, most notably attention deficits, fatigue, and recall difficulty. He further noted Ms. Coleman-Fire's continuing reading deficits were especially concerning, as the deficits had progressed since her initial injury.

17. Ms. Coleman-Fire saw Dr. Detmer Stone on September 1, 2015. Dr. Detmer Stone noted Ms. Coleman-Fire was very fatigued by the end of the work day.

Dr. Detmer Stone noted in her assessment that Ms. Coleman-Fire had significant improvement in saccadic eye movement function compared to her last visit two months ago. She commented that Ms. Coleman-Fire's functional visual skills were adequate, but she was still very fatigued on most days.

18. Ms. Coleman-Fire saw OT Yee on September 8, 2015. OT Yee noted Ms. Coleman-Fire's vision problems had improved, but that she continued to experience fatigue and headaches—her current headache was 4/10.

OT Yee's assessment noted Ms. Coleman-Fire's continuing fatigue and headaches even with working fewer hours. She again noted Ms. Coleman-Fire's visual issues involving convergence, saccades, and pursuits, especially with the left eye; her decreased function due to fatigue; her continued cognitive problems; and her decreased coordination.

19. Ms. Coleman-Fire saw OT Yee on October 12, 2015. OT Yee noted Ms. Coleman-Fire had difficulty remembering information at work and had continued fatigue, neck and shoulder pain, and headaches—her current headache was 4/10.

OT Yee noted in her assessment that Ms. Coleman-Fire's memory difficulties and work stress disrupted her sleep. She again noted Ms. Coleman-Fire's visual issues involving convergence, saccades, and pursuits, especially with the left eye (more pronounced if visual or audio distractions occur); her decreased function due to fatigue; her continued cognitive problems; and her decreased coordination.

20. Ms. Coleman-Fire saw Dr. Chesnutt on December 11, 2015. Dr. Chesnutt documented Ms. Coleman-Fire's current status: 1) able to work 2.5-3 hours/day before experiencing fatigue and a precipitous drop in energy; 2) if continued to work when

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fatigued, develops a disabling headache; 3) continues to feel very fatigued at work; 4) has headaches 3 days/week and disabling headaches twice a month; 5) has short term memory issues; 6) continues to have light sensitivity; 7) has only had marginal improvement in symptoms since accident; 8) exercise workout in the morning results in significant headache later in the day; and 9) not sleeping well. Dr. Chesnutt reported Ms. Coleman-Fire's three most distressing symptoms were fatigue, headaches, and difficulty sleeping.

On PE, Dr. Chesnutt observed asymmetrical eye tracking with lag present; jittery eye movements; abnormal tandem balance with eyes closed; and abnormal balance standing on one foot with eyes closed.

He noted Ms. Coleman-Fire's SCAT score was 58 (previous 3 SCAT scores were 51, 51, and 55). Severe SCAT symptoms included fatigue and sensitivity to light. Moderate SCAT symptoms included headache, pressure in head, neck pain, vision problems, hearing problems/ringing in ears, don't feel right, feeling dinged or dazed, feeling slowed down, drowsiness, more emotional than usual, irritable, difficulty concentrating, difficulty remembering, sadness, nervous or anxious, trouble falling asleep, and sensitivity to noise. One SCAT symptom was mild—feeling in a fog.

Dr. Chesnutt's assessment was post concussive syndrome. He noted Ms. Coleman-Fire's symptoms had persisted one year and nine months after her accident; that she was not tolerating full time work well; and that she was not performing at her usual state of efficiency and volume. He recommended Ms. Coleman-Fire consider taking a medical leave of absence to allow for recovery as she was unable to adequately perform her job. Dr. Chesnutt concluded Ms. Coleman-Fire was likely to have a persistent disability.

### **III. THE DEFINITION OF DISABILITY BY MS. COLEMAN-FIRE'S POLICY.**

#### **A. The Policy's "Own Occupation" Definition of Disability.**

Ms. Coleman-Fire's Policy defines "Own Occupation" disability as follows:

"During the Benefit waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation."

The Policy defines "Own Occupation" as follows:

"Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation,

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we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of Professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.”

The Policy defines “Material Duties as follows:

“Material Duties means the essential tasks, function and operations, and the skills, abilities, knowledge, training, and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.”

**B. The Policy’s Definition of “Partial Disability”.**

The Policy defines “Partial Disability” as follows:

“During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you work in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.”

**C. The Policy’s “Any Occupation” Definition of Disability Does Not Apply to Ms. Coleman-Fire.**

Ms. Coleman-Fire is a Class 2 employee as defined by the Policy:

“Class 2: Eligible associate or of counsel attorneys working in the United States and expected to work at least 60% of 1,800 billable hours per year...”

The Policy’s “Schedule of Insurance” states the “Own Occupation Period” begins at the end of the Benefit Waiting Period and runs to the end of the Maximum Benefit Period. The Policy further states the “Any Occupation Period” does not apply to Class 2 employees.

**IV. STANDARD APPROVED MS. COLEMAN-FIRE’S CLAIM FOR LTD BENEFITS.**

**A. Ms. Coleman-Fire Applied for LTD Benefits.**

Ms. Coleman-Fire submitted her LTD claim through her employer on December 23, 2014. Ms. Coleman-Fire indicated her duties at work as an associate attorney included reviewing documents, writing legal papers, analyzing client records, and performing computer and book research. She noted her last full day at work was February

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18, 2014; her date of disability was February 19, 2014; and her return to part time work (50% billed time or 900 billed hours/year) was August 4, 2014.

Ms. Coleman Fire noted her illnesses included whiplash, concussion, and post concussion syndrome. She noted her symptoms included headaches, fatigue, sleeplessness, and neck and back pain.

**B. Standard Approved Ms. Coleman-Fire's LTD Claim.**

By letter dated July 1, 2015, Standard informed Ms. Coleman-Fire it had concluded she met the Policy's definition of disability as of February 19, 2014 and had approved her LTD claim, with benefits payable as of May 20, 2014 (following the Benefit Waiting Period of 90 days). Standard noted medical documentation supported Ms. Coleman-Fire's disability through December 12, 2014. Standard further noted Ms. Coleman-Fire returned to work part-time on August 4, 2014.

**V. STANDARD ERRONEOUSLY TERMINATED MS. COLEMAN-FIRE'S  
CLAIM FOR LTD BENEFITS.**

**A. Standard Notified Ms. Coleman-Fire Her LTD Benefits Were Terminated.**

In the same July 1, 2015 letter informing Ms. Coleman-Fire that her LTD claim had been approved with benefits payable beginning May 20, 2014, Standard informed Ms. Coleman-Fire it did not have "satisfactory written Proof Of Loss" to support her continued disability beyond December 12, 2014. Standard noted it had closed her claim and terminated her LTD benefits effective December 13, 2014. Standard relied on the file review by its physician consultant in reaching its termination decision.

**B. The Review by Standard's Consultant Was Flawed.**

Dr. Deborah Syna, a neurologist, conducted a file review for Standard on June 17, 2015. Dr. Syna made two assertions in her review: 1) she asserted she reviewed all the medical records in Ms. Coleman-Fire's file; and 2) she asserted Ms. Coleman-Fire had reached medical stability by December, 2014.

Dr. Syna's opinion that Ms. Coleman-Fire had reached medical stability by December, 2014, was based solely upon Dr. Uppal's December 12, 2014 chart record. Dr. Syna noted in her Review that Dr. Uppal reported Ms. Coleman-Fire was "stable" and "closer to baseline", but Dr. Syna failed to note that those terms only referred to Ms. Coleman-Fire's mood—they did not refer to her post concussion syndrome symptoms.

Dr. Uppal stated in her October 14, 2014 chart record that Ms. Coleman-Fire was to continue Wellbutrin and follow up with her in 2 months—2 months later, on December 12, 2014, Dr. Uppal noted Ms. Coleman-Fire was being seen for follow up of her medications and that she was "stable on current medication". Dr. Uppal made no reference to Ms. Coleman-Fire being medically stable regarding her post concussion syndrome symptoms.

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Dr. Syna noted Dr. Chesnutt's September 9, 2014 chart record reporting Ms. Coleman-Fire's failed attempt to resume working 2 weeks prior because of worsening symptoms and the diagnosis of post concussion headache. However, Dr. Syna failed to note Ms. Coleman-Fire's SCAT score had increased from 71 on April 3, 2014 to 84 on September 9, 2014—a clear indication that her post concussion symptoms were not improving.

Dr. Syna noted Dr. Chesnutt's December 5, 2014 chart record reporting Ms. Coleman-Fire's soreness, fatigue, and improved headaches and the diagnosis of a slowly resolving concussion. Dr. Syna did not note Ms. Coleman-Fire's SCAT score had dropped to 13 (which represented a temporary improvement of her symptoms and illustrated the waxing and waning of post concussion symptoms) and ignored her vision problems, difficulty with concentration and memory, and sensitivity to light and noise.

Dr. Syna also ignored Dr. Uppal's December 30, 2014 APS that listed Ms. Coleman-Fire's symptoms of memory and attention deficits, muscle spasm and pain, and fatigue; that noted her primary diagnosis of concussion; and that stated Ms. Coleman-Fire's limitations would impair her another three months and possibly longer.

Dr. Syna noted Dr. Chesnutt's March 3, 2015 chart record reporting Ms. Coleman-Fire's headache and neck pain and the diagnosis of a slowly resolving concussion. However, Dr. Syna failed to note Ms. Coleman-Fire's SCAT score had increased to 51, indicating a worsening of her post concussion symptoms, and failed to note her fatigue. Dr. Syna also ignored Ms. Coleman-Fire's belief that she was only functioning mentally at 75% and was unable to "get better".

Dr. Syna's misinterpretation of Ms. Coleman-Fire's medical records regarding "medical stability" and her failure to note the continuing documentation of Ms. Coleman-Fire's post concussion syndrome symptoms caused her Review to be flawed.

Furthermore, Dr. Syna never opined that Ms. Coleman-Fire was no longer disabled—she simply opined Ms. Coleman-Fire "had reached medical stability by December 2014" and qualified that statement by noting two of Ms. Coleman-Fire's treating doctors believed she had a cognitive processing problem. Yet, Standard relied on Dr. Syna's Review to terminate Ms. Coleman-Fire's LTD claim, as noted below.

### **C. Standard's Reliance on Dr. Syna's Flawed Review Resulted in Its Erroneous Termination of Ms. Coleman-Fire's LTD Benefits.**

Standard relied on Dr. Syna's flawed Review in reaching its decision to terminate Ms. Coleman-Fire's LTD benefits. In its July 1, 2015 letter terminating Ms. Coleman-Fire's LTD benefits, Standard noted its physician consultant "concluded that the documentation supports that you were stable and closer back to baseline by December 2014". Standard asserted that without a copy of Ms. Coleman-Fire's "recent neuropsychological evaluation supporting ongoing cognitive impairment, or medical records documenting that your depression and anxiety persisted beyond December 12,

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2014", it did not have "satisfactory written Proof of Loss" to support her disability following her "December 12, 2014 medical appointment with Dr. Uppal, at which point you were documented to be stable and closer to baseline".

However, Standard ignored Dr. Uppal's March 2, 2015 chart record documenting Ms. Coleman-Fire was only working  $\frac{3}{4}$  time and still did not feel 100%. Dr. Uppal further documented that Ms. Coleman-Fire wore out in the afternoon at work, even though she was only working part time. Standard also ignored Dr. Chesnutt's March 3, 2015 chart record documenting Ms. Coleman-Fire continued to experience headaches and continued to have cognitive difficulties relating to attentiveness and efficiency. Dr. Chesnutt noted Ms. Coleman-Fire felt like she was only operating at 75% of her mental capacity, but was unable to improve. He also noted Ms. Coleman-Fire's SCAT score had increased to 51, indicating a worsening of her post concussion syndrome symptoms. Standard likewise failed to consider Ms. Coleman-Fire's May 26, 2015 SCAT score, which remained at 51, indicating that her post concussion syndrome symptoms were continuing.

Dr. Uppal's and Dr. Chesnutt's March, 2015 chart records and Dr. Chesnutt's May, 2015 chart record provided clear written evidence that Ms. Coleman-Fire's post concussion syndrome symptoms continued, were not stable, and were not improving. Dr. Chesnutt's assessment of a concussion that was slow to resolve provided further written evidence of Ms. Coleman-Fire's ongoing disability resulting from her post concussion syndrome.

Additionally, in its July 1, 2015 termination letter, Standard acknowledged Dr. Uppal's December 30, 2014 APS stating Ms. Coleman-Fire's primary diagnosis was a concussion; stating Ms. Coleman-Fire was still limited by her impairments, which included muscle spasm and pain, memory and concentration deficits, and fatigue; and stating Ms. Coleman-Fire's limitations would impair her another three months, if not longer. Yet, Standard ignored this written evidence (that it requested) of Ms. Coleman-Fire's disability and asserted it did not have "satisfactory written Proof of Loss" to support her continued disability.

#### **D. Standard Ignored Ms. Coleman-Fire's Visual Deficiencies.**

Dr. Detmer Stone's June 18, 2015 chart record noted Ms. Coleman-Fire continued to experience daily headaches and fatigue. Dr. Detmer Stone's testing revealed a significant decrease in Ms. Coleman-Fire's saccadic function, which she believed might be contributing to Ms. Coleman-Fire's reading difficulties regarding comprehension and speed. Dr. Detmer Stone's diagnoses were post concussion syndrome (post traumatic brain syndrome) and saccadic eye movement deficiencies.

Standard ignored this additional written evidence documenting Ms. Coleman-Fire's visual deficiencies and her continuing disability from her post concussion syndrome.

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In sum, Standard terminated Ms. Coleman-Fire's LTD benefits asserting it did not have "satisfactory written Proof of Loss" to support her continuing disability beyond December 12, 2014. Standard relied on the Review by Dr. Syna, its consultant, in arriving at its termination decision. However, as noted above, Dr. Syna's Review was flawed as she misinterpreted Dr. Uppal's December 12, 2014 chart record and ignored the continuing documentation of Ms. Coleman-Fire's post concussion syndrome symptoms. Moreover, Dr. Syna never opined that Ms. Coleman-Fire was no longer disabled. As Standard relied upon Dr. Syna's flawed Review in its evaluation of Ms. Coleman-Fire's claim, its termination decision was erroneous. Standard also erred in ignoring Ms. Coleman-Fire's continuing post concussion syndrome symptoms documented in the December 30, 2014 APS from Dr. Uppal (that Standard requested); the March, 2015 chart records from Dr. Uppal and Dr. Chesnutt; and the June, 2015 chart record by Dr. Detmer Stone. These records provided "satisfactory written Proof of Loss" of Ms. Coleman-Fire's disability resulting from her post concussion syndrome beyond December 12, 2014.

## **VI. MEDICAL LITERATURE SUPPORTS MS. COLEMAN-FIRE'S DISABILITY.**

### **A. The Articles on Traumatic Brain Injury Support Ms. Coleman-Fire's Disability.**

1. The article entitled "Traumatic Brain Injury: Hope Through Research" notes that there are two broad types of head injuries: penetrating and non-penetrating. A non-penetrating traumatic brain injury ("TBI") is caused by an "external force that produces movement of the brain within the skull".

The article defines concussion as:

"a type of mild TBI that may be considered a temporary injury to the brain but could take minutes to several months to heal. Concussion can be caused by a number of things including a bump, blow, or jolt to the head, sports injury or fall, motor vehicle accident, weapons blast, or a rapid acceleration or deceleration of the brain within the skull".

The article notes the effects of a TBI "can range from severe and permanent disability to more subtle functional and cognitive difficulties that often go undetected during initial evaluation". Common symptoms include: 1) mild to profound confusion or disorientation; 2) problems remembering, concentrating, or making decisions; 3) headache; 4) light headedness, dizziness, vertigo, or loss of balance or coordination; 5) sensory problems, such as blurred vision, seeing stars, ringing in the ears, bad taste in the mouth; 6) sensitivity to light or sound; 7) mood changes or swings, agitation, combativeness, or other unusual behavior; 8) feelings of depression or anxiety; 9) fatigue or drowsiness, a lack of energy or motivation; and 10) changes in sleep patterns, difficulty falling or staying asleep.

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The article further notes that in “the days and weeks after a concussion, a minority of individuals may develop *post-concussion syndrome*”. The symptoms of post concussion syndrome include “headache, fatigue, cognitive impairment, depression, irritability, dizziness and balance trouble, and apathy”.

Ms. Coleman-Fire’s symptoms mirror the post concussion syndrome symptoms noted in the article. During the past 15 months, she has continued to experience headaches, fatigue, cognitive impairment, vision problems, and sensitivity to light and noise:

- September 9, 2014—Dr. Chesnutt noted Ms. Coleman-Fire continued to experience daily headaches, fatigue, and cognitive dysfunction;
- September 16, 2014—Dr. Uppal noted Ms. Coleman-Fire continued to experience daily headaches;
- December 5, 2014—Dr. Chesnutt noted Ms. Coleman-Fire continued to experience headaches, vision problems, fatigue, difficulty with concentration and memory, and sensitivity to light and noise;
- March 3, 2015—Dr. Chesnutt noted Ms. Coleman-Fire continued to experience headaches, fatigue, and cognitive difficulties related to attentiveness and efficiency; and
- June 18, 2015—Dr. Detmer Stone noted Ms. Coleman-Fire experienced a significant decrease in saccadic function that might be contributing to her reading difficulties regarding comprehension and speed.

2. The article entitled “Heads Up Facts for Physicians About Mild Traumatic Brain Injury (MTBI)” notes that the term “mild traumatic brain injury (MTBI) is used interchangeably with the term concussion”; is caused by “a blow or jolt to the head that disrupts the function of the brain”; and is “typically associated with normal structural neuroimaging findings”. The article further notes MTBI results in “physical, cognitive, emotional and/or sleep-related symptoms” that may last “several minutes to days, weeks, months, or even longer in some cases”.

The article reports the signs and symptoms of MTBI usually fall within physical, cognitive, emotional, and sleep categories. Physical signs and symptoms may include: 1) headache, 2) nausea, 3) vomiting, 4) balance problems, 5) dizziness, 6) visual problems, 7) fatigue, 8) sensitivity to light, 9) sensitivity to noise, 10) numbness/tingling, and 11) dazed or stunned. Cognitive signs and symptoms may include: 1) feeling mentally “foggy”, 2) feeling slowed down, 3) difficulty concentrating, 4) difficulty remembering, 5) forgetful of recent information or conversations, 6) confused about recent events, 7) answers questions slowly, and 8) repeats questions. Emotional signs and symptoms may include: 1) irritability, 2) sadness, 3) more emotional, and 4) nervousness. Sleep signs and symptoms may include: 1) drowsiness, 2) sleeping less than usual, 3) sleeping more than usual, and 4) trouble falling asleep.

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The article also reports patients returning to work may need the following supports until full recovery is achieved: 1) shortened work day, 2) allow for breaks when symptoms increase, and 3) reduced task assignments and responsibilities.

Ms. Coleman-Fire's post concussion course has included symptoms and signs from all four categories listed above—at one time or another, she has experienced headaches, nausea, dizziness, visual problems, fatigue, and sensitivity to light and sound in the physical category; feeling slowed down, difficulty remembering, and forgetful of recent information in the cognitive category; irritability in the emotional category; and drowsiness, trouble falling asleep, use of sleep medication, and sleeping more than usual in the sleep category. Many of her signs and symptoms persist including headache, fatigue, visual problems, and sleep problems. She also is only working part-time.

#### **B. The Article on Postconcussive Syndrome Supports Ms. Coleman-Fire's Disability.**

The article entitled "Postconcussive Syndrome" notes there is no universally accepted definition of postconcussive syndrome, but that most of the medical literature "defines the syndrome as the development of at least 3 of the following symptoms: headache, dizziness, fatigue, irritability, impaired memory and concentration, insomnia, and lowered tolerance for noise and light". The article also notes that imaging studies have revealed "the presence of organic brain injury in patients with persistent postconcussive syndrome at greater than 1 year after injury" and that neuropsychological assessments "have pointed toward an organic basis for some of the symptoms of postconcussive syndrome", such as "cognitive deficits in memory, attention, and learning" and "impaired eye movements".

The article reports postconcussive syndrome findings include: 1) headache (the most common symptom of postconcussive syndrome); 2) cranial nerve symptoms and signs—dizziness (the second most common symptom), vertigo, nausea, tinnitus, blurry vision, hearing loss, diplopia, diminished sense of taste and smell, light and noise sensitivity; 3) psychological and neurovegetative problems—anxiety, irritability, depression, sleep disturbance, change in appetite, decreased libido, fatigue, personality change; and 4) cognitive impairment—memory impairment, diminished concentration and attention, delayed information processing and reaction time. The article also reports that "recent studies suggest that postconcussive syndrome is more likely to develop in patients presenting with nausea, headache, and dizziness".

The article concludes by noting "most patients recover fully in less than 3 months", but that approximately "15% of patients complain of problems more than 12 months after injury" and that this group "is likely to experience persistent and intrusive symptoms that may be refractory to treatment and impose a lifelong disability".

Ms. Coleman-Fire's medical course mirrors the article's definition of postconcussive syndrome—she developed headaches and intolerance to noise and light, experienced dizziness and fatigue, and suffered from impaired memory and concentration. Also, Ms. Coleman-Fire's presenting symptoms included nausea,



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headache, and dizziness, which correlate with the studies referenced by the article indicating postconcussive syndrome is more likely to develop in patients with those initial symptoms. The fact that Ms. Coleman-Fire continues to be disabled by her postconcussive syndrome does not make her an outlier, as the article notes that 15% of postconcussive syndrome patients have persistent problems more than 12 months after injury and may have a lifelong disability.

## **VII. MS. COLEMAN-FIRE'S PHYSICIANS SUPPORT HER DISABILITY.**

### **A. Dr. Walker's Letter Supports Ms. Coleman-Fire's Disability.**

Dr. Walker indicated in her May 19, 2015 letter that Ms. Coleman-Fire's neuropsychological evaluation revealed several remarkable cognitive abilities:

"Results of our evaluation (4/27/15) indicated a number of remarkable cognitive abilities. Verbal intellect, specifically, was very superior and perhaps even an underestimate of her abilities in that domain. Visual abstract reasoning, construction, and working memory were also consistently well above average. The same was true with verbal fluency. Learning and memory for both verbal and visual information was also quite strong."

However, Dr. Walker noted several areas of cognitive weakness:

"Although Ms. Coleman-Fire exhibited strong learning curves and excellent retention for what she learned, the efficiency with which she recalled something immediately after seeing or hearing it once tended to be within the average range. For her, this reflects an area of weakness. I question whether processing speed may be implicated in her difficulty quickly committing new information to memory. Simple speed of information processing was well within the average range, although that too is below expectations for her. When another layer of cognitive complexity was added, her ability to sustain attention (auditory and visual) and shift attention was low-average. Even outside of a time constraint, efficiently approaching a complex situation or problem was difficult. She might struggle to grasp the nature of unfamiliar or complex tasks and further struggle to switch sets or 'shift gears' from there."

Dr. Walker reported Ms. Coleman-Fire's executive functioning and processing speed difficulties are common in people with head injuries:

"Difficulties with executive functioning and speed of processing can be seen in people who have sustained head injury. Although it is somewhat atypical for such symptoms to persist as long as they have, her otherwise unremarkable medical history helps rule out other potential contributors."

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Dr. Walker concluded her letter by recommending Ms. Coleman-Fire reduce her work to 50-60% of a full schedule to allow time to recover from her head injury and to participate in recommended therapies.

**B. Dr. Chesnutt's Letter Supports Ms. Coleman-Fire's Disability.**

Dr. Chesnutt stated in his December 10, 2015 letter that Ms. Coleman-Fire was diagnosed with post concussion syndrome after being struck by a car in September, 2014. Dr. Chesnutt noted that Ms. Coleman-Fire's post concussion syndrome symptoms had continued since her accident; that her symptoms included headaches, neck pain, sensitivity to light and noise, fatigue, and cognitive issues; and that her symptoms were partially disabling:

"At present, Ms. Coleman-Fire continues to be partially disabled by her post concussion syndrome. She has returned to work as an attorney on a part time basis, but still experiences daily headaches, neck pain, and sensitivity to light and noise and struggles with fatigue and cognitive issues."

Dr. Chesnutt stated that Ms. Coleman-Fire's post concussion syndrome symptoms limit her functional ability; that their prolonged persistence lessens the possibility they will fully resolve; and that Ms. Coleman-Fire may remain partially disabled indefinitely:

"These symptoms combine to limit her ability to function as an attorney. The longer her symptoms persist, the less likely a full resolution of her post concussion syndrome will occur. It is quite possible that she will remain partially disabled indefinitely."

**VIII. LETTERS FROM MS. COLEMAN-FIRE'S FAMILY AND HER SECRETARY SUPPORT HER DISABILITY.**

**A. Letters from Ms. Coleman-Fire's Family Support Her Disability.**

1. Letter from Michal Fire, Ms. Coleman-Fire's sister-in-law—Ms. Fire noted it has been "painful to see the changes in Bethany since her accident over a year ago". She noted how Ms. Coleman-Fire's intellectual abilities and high level energy had declined as a result of her accident:

"Since her accident I have seen how Bethany struggles to read for even an hour or two at a time, reporting considerable fatigue when she does, and sometimes complaining of headaches."

Ms. Fire stated the accident significantly limited Ms. Coleman-Fire's capacities and that it was "truly heartbreaking to see the effort Bethany exerts to do what used to be so easy for her and the toll that it clearly takes on her body and mind".

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2. Letter from Paulette Fire, Ms. Coleman-Fire's mother-in-law—Ms. Fire noted Ms. Coleman-Fire's "incredible energy, her ability to focus on tasks and get things done, and her great love of reading". However, after the accident, Ms. Fire noted a profound change in Ms. Coleman-Fire:

"After the terrible accident, I have witnessed a profound change in Bethany. For the first few months after the accident, Bethany was unable to tolerate even the most minimal stimulation. She had great difficulty with noise and light. If we went out to public places, she quite frequently felt sick and had to leave. Although this has improved, I know she still has headaches and often does not feel well."

Ms. Fire concluded her letter by stating Ms. Coleman-Fire tries to do her best, but that she lost a lot as a result of the accident.

3. Letter from Leora Coleman-Fire, Ms. Coleman-Fire's wife—Leora Coleman-Fire noted the accident "completely changed" Ms. Coleman-Fire's "life trajectory—both in terms of her personal and professional capabilities—likely forever".

She outlined Ms. Coleman-Fire's intellectual and scholastic achievements, her wide range of school and job related activities, and her many personal interests before the accident. She then noted how the accident changed "everything":

"Nearly everything changed after she was hit by the car. It is with deep sadness that I admit that while she had some improvement in the year or so after the accident, she is still no longer capable of accomplishing most of what I have described above and I have seen no real improvement in the last several months."

She noted how Ms. Coleman-Fire now struggles in her daily life:

"Even now, nearly two years since the accident, I see how she continues to struggle. I now watch a person who exerts extraordinary effort and still does not accomplish the things she could do before with such ease and success. Since the accident, Bethany needs a very particular environment to just make it through the day with only a mild to moderate headache, without feeling sick, or being completely exhausted.

She also noted how Ms. Coleman-Fire struggles to process information:

"I also see Bethany struggle to process information, to keep up with the regular pace of conversation, focus, and to remember/recall things. She struggles at times to track our conversations, forgetting her train of thought midway through a sentence or everything I said if my comment contained more than one question or idea. She tends to speak and process information more slowly than she did before, especially if we're talking about something more tasking such as scheduling. When we talk, she just

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can't seem to hold the information I've given her in her head and sometimes needs to hear it multiple times to grasp what I'm saying or asking."

She reported reading is a challenge for Ms. Coleman-Fire:

"Reading has also become a challenge. She no longer reads for pleasure. I have tried to help her at times with her occupational therapy exercises and seen how her reading and comprehension is shockingly slower than it was before."

She also reported Ms. Coleman-Fire's memory has declined since the accident:

"While she's recently started to cook more, for a long time I'd watch her go back to the cookbook over and over again because she would forget which task she was on or how much flour to scoop out. Since the accident I have seen her miss more appointments than she ever did before—no matter how important or how much she wants and tries to remember the deadline or meeting. She's missed medical appointments, deadlines, lunches, meetings, etc., even with the addition of phone apps and calendars specifically to help her better manage her calendar since the accident."

Lastly, she remarked on how the accident changed Ms. Coleman-Fire's ability to work:

"Her ability to work and succeed at her job has completely changed. She seems to put in more effort than she ever did before, yet she falls significantly short of her prior abilities. For example, she used to be able to work for hours and hours when she had an important assignment to get done. Now, even with a pending deadline and the expectation and pressure from supervising attorneys or clients that she will get the work done well and on time, she can't put in a full day or stay up late to get the task done...She seems to only have so many hours each day that she can be awake, that she can read, write, and think. Once she has put those hours in, she's completely wiped. And the more complex the reading or the larger the amount of information or documents that she needs to take in or review, the fewer hours she seems to be able to put in and an incapacitating headache is usually a guarantee by early afternoon. What's particularly hard to watch is that she's putting in all of her effort to do only a fraction of what she accomplished before. Her billable hours are a fraction of what she used to be able to work, but she appears to be exerting extraordinary effort and organizing her entire life around trying to meet the expectations of her job. Even with a reduced billable hour goal, which will be even further reduced starting January 1, 2016, she hasn't been able to meet the expectations of her job and it is unclear to me whether she will ever be able to do so even with further reductions."

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**B. The Letter from Ms. Coleman-Fire's Secretary at DWT Supports Her Disability.**

1. Letter from Susan England, Ms. Coleman-Fire's secretary at DWT—Ms. England wrote Ms. Coleman-Fire lacks the concentration and stamina she had prior to her accident and suffers from constant headaches:

“Since the time of her accident, I have noticed that Bethany does not have the same concentration or stamina that she had prior to being injured. She suffers from headaches constantly and often looks very tired.”

Ms. England noted Ms. Coleman-Fire needed to work in a dark office as she could not work with the overhead lights on and also needed to work with her office door closed “to eliminate any distracting noise”. Ms. England further noted Ms. Coleman-Fire's ability to “remember the details of her cases” had diminished since her accident. Ms. England added Ms. Coleman-Fire worked a reduced work schedule, but that even the reduced schedule tired her out.

Ms. England concluded her letter by reporting Ms. Coleman-Fire has lasting effects from the accident that have not disappeared in the two years following her accident:

“We are all extremely grateful that Bethany is still alive and working with us but it is unfortunate that she does have some lasting effects that have not disappeared over the two years since she was hit by the car.”

**IX. MS. COLEMAN-FIRE'S PERSONAL STATEMENT SUPPORTS HER DISABILITY.**

Ms. Coleman-Fire's personal statement documented the irrevocable changes that have occurred in her life since the accident. She noted that “performance of the basic functions” of her job “within acceptable time frames and without significant additional assistance of colleagues” had become difficult. She reported the “most palpable change” regarding working was extreme fatigue:

“While many aspects of my working life have shifted, the most palpable change has been the extreme fatigue resulting from my head trauma. Since the accident, I have been unable to put in the same kind of working hours that I used to be able to work and that are essential to being an attorney, particularly a litigator. As a result, I was forced to reduce my working schedule to seventy-five percent of full time. Even that has not been sufficient. On average I manage about 75 billable hours per month. Prior to the accident I routinely billed over twice that amount.

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Ms. Coleman-Fire noted her employer is requiring her to reduce her schedule to sixty percent of full time beginning January 1, 2016, as she has been unable to bill sufficient hours for a seventy-five percent schedule:

“Because I have been unable to put in sufficient working hours to meet the seventy-five requirement, my employer recently asked me to volunteer to pay back \$12,000 in salary and reduce my schedule retroactively to sixty percent as a result of my failure to bill sufficient hours...My employer is now requiring that I further reduce my schedule to sixty percent beginning January 1, 2016, which will result in a commensurate reduction in compensation.”

Ms. Coleman-Fire explained working less than a seventy-five percent schedule made her an unprofitable associate attorney at DWT, as it did not produce sufficient revenue to cover DWT’s overhead expense in employing her. She expressed concern that she might be forced to resign or be terminated because of her unprofitability:

“Based on the firm’s general policy and my conversations with firm management about my failure to meet billable hour expectations and resulting lack of profitability, I anticipate that the firm will not allow me to further reduce my goal and expects a substantial increase in my productivity in the near future. However, to date, my average hours billed is somewhat below fifty percent of full time and this has remained constant for several months. Unfortunately, the prospects of me ever being profitable are extremely dim and, as a result, I am seriously concerned that I will ultimately be forced to resign or be terminated because there is no reasonable accommodation sufficient to address this problem.”

Ms. Coleman-Fire added that even accomplishing her present level of work came at great personal cost:

“Moreover, I am only able to produce the level of work I accomplish now at great cost to myself and my family. I return home from work completely exhausted, usually without energy to enjoy many activities outside work and often falling asleep at the dinner table. Instead of having the energy to attend community events and network, a function critical to building a successful legal career, I push myself as hard as I am able in order to come as close as I can to the minimum requirements of my job.”

Ms. Coleman-Fire noted how her efficiency had decreased since the accident:

“My efficiency has also been negatively impacted. Task switching has become much more difficult for me. As a result, I struggle to manage routine interruptions. Because it takes me much longer to regain focus after an interruption, I am required to spend many more hours at work in order to accomplish a fraction of the work that I completed before the accident.”

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injured. Moreover, I am now distracted by stimulation that I previously never noticed. I now work in my office with the light off and find it nearly impossible to concentrate with the light on. I am also often required to close the door to my office as even quiet conversations are extremely difficult to ignore. While I have developed routines to address these new sensitivities, they do not entirely alleviate the problem. So, I experience more interruptions and have more difficulty returning to work from those interruptions. This has had an extremely negative impact on my ability to bill sufficient hours to meet work requirements."

Ms. Coleman-Fire further noted how her injury affected her reading speed and comprehension:

"When I am focused, my reading speed and comprehension are still significantly impacted. I routinely miss an important word or phrase and am required to re-read documents multiple times in order to gain an understanding of them. In order to ensure that I have the maximum energy to read for my job, I no longer read for pleasure. None of these are problems I experienced before I was injured."

Ms. Coleman-Fire stated her "reliance on support staff and colleagues" to assist her in her daily tasks because of her inability to maintain focus "far exceeded the norm" in her workplace, leading to frustration and negative feedback. She further stated working "what used to be a normal day" typically caused "a searing headache", which often lasted "into subsequent days, negatively impacting my ability to work for one or more days after".

Ms. Coleman-Fire reported she continued to experience "significant neck pain and vertigo", leading to "very bad days from time to time" that cause her to "leave work and rest in order to get relief".

Ms. Coleman-Fire concluded her statement by reporting she had experienced no improvement in her condition in the last six months and continually fell short of her job demands despite her best efforts:

"This injury is nearly two years old. In the last six months I have experienced no perceptible improvement in my condition. I still continually fall short of the demands of my job while putting in as much effort as I am physically capable."

#### **X. SUMMARY.**

Ms. Coleman-Fire suffered a concussion/mild traumatic brain injury after being struck by an automobile on February 19, 2014, and subsequently developed post concussion syndrome. She continues to experience post concussion syndrome symptoms and signs including fatigue, decreased reading comprehension, decreased retention of



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read material, headaches, neck pain, decreased memory, vertigo, and sensitivity to light and noise despite ongoing medical treatment.

Standard determined Ms. Coleman-Fire met the Policy's definition of disability as of February 19, 2014, and approved her LTD claim with benefits payable effective May 20, 2014 (following the Policy's 90 day elimination period), through December 12, 2014. Standard then terminated Ms. Coleman-Fire's claim effective December 13, 2014, asserting it did not have satisfactory proof supporting her continued disability.

In reaching its decision to terminate Ms. Coleman-Fire's LTD claim, Standard relied upon the Review of its consultant, Dr. Syna. However, Dr. Syna's Review was flawed as she misinterpreted Dr. Uppal's chart records regarding Ms. Coleman-Fire's post concussion syndrome condition; failed to acknowledge Ms. Coleman-Fire's elevated SCAT score, which indicated a continuation of her post concussion syndrome symptoms; ignored Ms. Coleman-Fire's belief that she was unable to "get better"; and ignored Dr. Uppal's APS documenting Ms. Coleman-Fire's disabling fatigue, pain, impaired memory, and attention deficit.

Standard's reliance upon Dr. Syna's flawed Review caused its decision to terminate Ms. Coleman-Fire's LTD claim to also be flawed. Furthermore, Standard ignored the 2015 chart records of Dr. Uppal and Dr. Chesnutt that indicated Ms. Coleman-Fire's headaches, fatigue, and cognitive difficulties relating to attentiveness and efficiency continued. It also ignored the increase in Ms. Coleman-Fire's SCAT score from 13 to 51 (in March and again in May, 2015)—a further indication that she continued to experience post concussion syndrome symptoms and signs and that her condition was not improving. Lastly, Standard ignored Dr. Uppal's December, 2014 APS (which Standard had requested) that stated Ms. Coleman-Fire continued to be limited by her impairments—muscle spasm and pain, memory and concentration deficits, and fatigue. Standard also ignored Dr. Uppal's statement in the APS that Ms. Coleman-Fire would be disabled for another three months, if not longer, because of her post concussion syndrome.

The medical literature documents that Ms. Coleman-Fire's symptoms and signs are in line with the recognized symptoms and signs of a post concussion syndrome following a concussion/traumatic brain injury. The literature also documents that Ms. Coleman-Fire's persistent and prolonged disability from post concussion syndrome does not make her an outlier.

The letters from Ms. Coleman-Fire's doctors provide further support for her continued disability. Dr. Walker stated Ms. Coleman-Fire's difficulties with executive functioning and processing speed were common following head injuries. Dr. Chesnutt stated Ms. Coleman-Fire's post concussion symptoms limit her ability to function as an attorney and that she might remain partially disabled indefinitely.

The letters from Ms. Coleman-Fire's family and her secretary provide additional support for her continued disability. The letters document her continuing struggle to

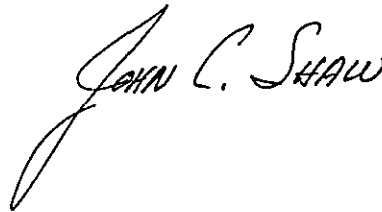
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process information, to focus, to remember/recall details, and to comprehend what she reads while experiencing frequent headaches and daily fatigue.

Ms. Coleman-Fire's personal statement also supports her disability. She documents the irrevocable changes in her life following the accident, including ongoing extreme fatigue, decreased efficiency, sensitivity to light and noise, difficulty with focus and concentration, frequent headaches, neck pain, and vertigo. She notes the difficulty in performing her job as an attorney and how she continually falls short of the demands of her job in spite of expending her maximum effort.

Ms. Coleman-Fire's medical records clearly provide written proof that she was disabled at the time Standard terminated her LTD claim and that she continues to be disabled by her symptoms and signs of post concussion syndrome. The medical literature and the letters of support from her doctors, family, and secretary plus her personal statement provide additional written proof supporting her disability. Accordingly, I ask Standard to approve Ms. Coleman-Fire's claim for LTD benefits from December 13, 2014, forward through the maximum benefit period as long as Ms. Coleman-Fire remains disabled under the terms of the Policy.

Sincerely,

A handwritten signature in black ink that reads "JOHN C. SHAW". The signature is written in a cursive style with a large, sweeping initial "J".

John C. Shaw

JCS:js  
Enclosures  
cc: Bethany Coleman-Fire



TheStandard®

November 4, 2015

Megan E. Glor, Attorneys at Law  
Attn: John C. Shaw  
621 SW Morrison Ste 900  
Portland OR 97205

Re: Bethany Coleman-Fire  
PSET on behalf of Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

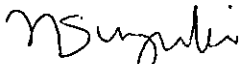
Dear Mr. Shaw:

We are writing in regard to Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). This letter is in response to your letter of October 2, 2015.

Per your request, we have enclosed a complete copy of Ms. Coleman-Fire's LTD claim file for your review. The enclosed information includes a complete copy of the information contained in Ms. Coleman-Fire's claim file, electronic documents, and a copy of the Group Policy. With the enclosed documents we believe that we have complied with your request under applicable law.

If you have any questions about this letter, please contact our office.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

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STND 18-03985-000383

10/27/15

Bethany Coleman-Fire

v/m to John Shaw, attorney  
left message that Ms-Coleman-Fire  
has emailed me asking for  
information related to her claim.  
However, since she is represented,  
I cannot communicate with  
her directly. I told him we  
are preparing the documents  
requested in his letter and  
will provide them shortly.

MSuzuki

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STND 18-03985-000384

**Necole Suzuki**

---

**From:** Bethany Coleman-Fire <bethany.coleman@gmail.com>  
**Sent:** Tuesday, October 27, 2015 11:32 AM  
**To:** Necole Suzuki; Necole Suzuki  
**Subject:** Fwd:

Hi Necole -

I haven't heard back regarding the below email and am following up. I did notice that I have two email addresses for you and I'm not sure which is current. Please let me know when I can get copies of this correspondence or, if there is a reason for declining to provide them, what the basis is.

Thanks for your help,

B

----- Forwarded message -----

**From:** Bethany Coleman-Fire <bethany.coleman@gmail.com>  
**Date:** Thu, Oct 22, 2015 at 4:35 PM  
**Subject:**  
**To:** "necole.feuerstein@standard.com" <necole.feuerstein@standard.com>

Hi Necole -

Is it possible to get an additional copy of the letter that transmitted the check you provided and the 180 day letter?

Thanks in advance for your help,

B

--

Sent from Gmail Mobile. Please excuse any typos.

--

Bethany Coleman-Fire  
503-320-9564  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

# Megan E. Glor

## Attorneys at Law

Megan E. Glor  
John C. Shaw  
nw-crisa@meganclor.com  
Phone: (503) 223-7400

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

# Fax

To: Standard Ins. Co., Attn: Necole Suzuki,

Fax #: 503-796-5972

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire

From: John Shaw

Pages (Including Coversheet): 6

Date: 10/2/2015

CC: \_\_\_\_\_

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

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STND 18-03985-000386

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

## Megan E. Glor Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
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Portland, OR 97205  
Fax: (503) 227-2530

October 2, 2015

By facsimile: ((503) 796-5972)

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

Telephone: (888) 937-4783

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP  
Group Policy 445474 / Claim No. 00VW3181

Dear Ms. Suzuki:

I am writing to inform you that Bethany Coleman-Fire has retained our law firm to represent her regarding Standard Insurance Company's ("Standard") termination of her Long Term Disability ("LTD") benefits under the Davis Wright Tremaine LLP Group Policy ("Policy"). Please direct all future correspondence regarding Ms. Coleman-Fire's claim directly to our law firm.

Furthermore, pursuant to ERISA, I hereby request a complete copy of all documents, records, or other information relevant to Standard's decision determining the above claim.

According to the current version of 29 CFR § 2560.503-1(m)(8), "a document, record, or other information shall be considered "relevant" to the above claim if such document, record, or other information,

- (i) was relied upon in making the benefit determination; or
- (ii) was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination."

This request includes, but is not limited to the following categories of documents:

- (1) All claim forms (including attachments, supplements, additions or addenda) for this claim;
- (2) All medical providers' or other physicians' statements, reports, records, correspondence, memoranda, and/or e-mail regarding this claim;
- (3) All electronic or written claim logs, case summaries, or other means of recording events, documents, discussions, reviews or decisions relating to this claim;

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 387 of 1248**

RE: Bethany Coleman-Fire  
October 2, 2015  
Page 2 of 2

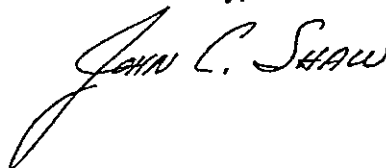
- (4) All notes, correspondence, memos and/or any other documents of any employee, agent, consultant or contractor, or any other person having any affiliation with Standard who took any part in making the decision on this claim;
- (5) All notes, correspondence, memos and/or any other documents of any consultant, physician, medical professional or any other individual consulted, retained or otherwise utilized by Standard in analyzing or making any benefits determination for this claim
- (6) All documents, including photographs, videos, summaries, audiotapes, transcripts, or other records demonstrating or containing the results of any investigation of the claimant or this claim;
- (7) All medical journals, articles, literature or studies that were received, reviewed or relied on by Standard or any physician or other medical professional hired or retained by Standard in evaluating this claim;
- (8) All correspondence or other documents received by Standard or sent by any other person, entity or organization involved in the determination of this claim; and
- (9) All notes, correspondence, memos and/or any other documents concerning this claim, which are in Standard's possession or control.
- (10) All written statements of Standard's or the Plan's policies or other written guidance or guidelines relating to the condition(s) or diagnosis of the claimant's condition(s), whether or not such statements were relied on in making the benefit determination in this case (see 29 C.F.R. § 2560.503-1(m)(8)(iv)).

I have enclosed signed releases of information so that you may communicate with our law firm regarding this claim.

I am hereby also requesting that Standard provide our law firm with a **complete copy of the Long Term Disability plan that was in effect as of the date Ms. Coleman-Fire applied for benefits under the plan and copies of all amendments and addenda to the plan on or subsequent to that date.**

Kindly produce these documents within 30 days of the date of this letter, pursuant to ERISA. You are welcome to provide the aforementioned documents on a Mac-compatible USB drive in lieu of a paper file.

Sincerely,



John C. Shaw

JCS:js  
Enclosures  
cc: Bethany Coleman-Fire

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 388 of 1248**



# AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION

Name of Patient:

Bethany Coleman Fine

Date(s) of Service:

Entire claim file; see attached letter.

DOB: [REDACTED]

SSN: [REDACTED]

Name/address of health care provider:

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

To disclose medical information to:

Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205

atty  
auth

By initialing the spaces below, I specifically authorize the disclosure of the following medical information and/or medical records, if such information and/or records exist:

|                                                                                |                                               |
|--------------------------------------------------------------------------------|-----------------------------------------------|
| <u>BLE</u> All hospital records (including nursing records and progress notes) | <u>BLE</u> Emergency and urgency care records |
| <u>BLE</u> Transcribed hospital records                                        | <u>BLE</u> Diagnostic imaging reports/films   |
| <u>BLE</u> Continuity of care records                                          | <u>BLE</u> Clinician office chart notes       |
| <u>BLE</u> Laboratory/pathology reports                                        | <u>BLE</u> Physical therapy records           |
| <u>BLE</u> Correspondence to/from others                                       | <u>BLE</u> Dental records                     |
| <u>BLE</u> Vocational rehabilitation records                                   | <u>BLE</u> Billing statements                 |
| <u>BLE</u> Entire medical record (all information)                             | <u>BLE</u> Insurance forms                    |
| <u>BLE</u> Workers' Compensation claim record for injuries of _____            |                                               |

\* If the information to be disclosed contains any of the types of records or information listed below, I understand and agree that this information will be disclosed only if my initials appear in the space next to each item:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <u>BLE</u> * HIV/AIDS test or result information and/or records                       |
| <u>BLE</u> * Mental health information and/or records                                 |
| <u>BLE</u> * Genetic testing information and/or records                               |
| <u>BLE</u> * Drug/alcohol diagnosis, treatment or referral information and/or records |

I understand that I have the following rights: (1) The disclosure of the information and/or records is to be used for legal purposes with the disclosure to be made to my attorney(s); (2) The information disclosed may be subject to redisclosure and may no longer be protected by federal law; (3) I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment); and (4) I may revoke this authorization in writing pursuant to the Privacy Notice to Patients posted at the facility where the information is to be released.

By my signature below, I understand that a copy of this Authorization has the same validity as the original. Unless revoked earlier, this authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Bethany Coleman Fine

Signature of Patient, Guardian/Conservator, or Authorized Representative

Date

October 2, 2015

Bethany Coleman Fine

Printed Name

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 389 of 1248**

## AUTHORIZATION TO RELEASE INFORMATION AND DOCUMENTS

Name Bethany Cleman-fire

Social Security Number [REDACTED]

Date of Birth [REDACTED]

1. I authorize the use or disclosure of the following: Any and all documents and information related to my enrollment in any health, disability or life insurance plan, or any claim I have made for life, health or disability benefits. This request includes all documents and/or data compilations, and any other information, contained within my underwriting or claims file(s), or any information or documents that have been received, generated, or reviewed by any company or person in connection with said claims. This authorization includes, but is not limited to, the following types of information and/or documents: All insurance policy/plan applications and related documents; documents relating to any claim for benefits or coverage; banking or other financial information; Social Security documents; employment documents, including but not limited to payroll information and/or the contents of any personnel file, medical records, attendance records; military records, including but not limited to medical diagnosis, service history, and any disciplinary action taken; all documents from any law enforcement agency; postal documents; documents concerning any real estate transaction; education and/or school records or documents; notes or other documents of any insurer, plan, policy or adjuster; and notes or other documents of any physician employed by the insurer or plan.

2. I hereby authorize the following person or entity to make the disclosure:

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

3. The documents and information set forth in Section 1 may be disclosed to and used by the following:

Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205  
Telephone: (503) 223-7400 Fax: (503) 227-2530

4. In addition, I authorize the law firm of Megan E. Glor, Attorneys at Law to act as my representative in all communications pertaining to my insurance and/or benefits claim.

5. The purpose of the requested disclosure is for claim and/or damage evaluation.

I understand that I have a right to revoke this authorization at any time. Unless otherwise revoked, this authorization will expire on the following date, event or condition: \_\_\_\_\_. If I fail to specify an expiration date, event or condition, this authorization will expire in twelve months.

I agree that a copy of this release or fax of this release shall be as valid as this original release. If I authorize the party identified in Section 2 above to fax the information, I realize there are inherent risks in faxing protected health information.

Bethany Cleman-fire

Signature

Bethany Cleman-fire

Printed Name

Date

October 2, 2015

# AUTHORIZATION TO USE AND/OR DISCLOSE MEDICAL RECORDS AND/OR HEALTH INFORMATION

Name: Bethany Coleman-fire

DOB: [REDACTED]

SSN: [REDACTED]

Name/address of party to release records:

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, Oregon 97204-1235

Name/address of party to receive released records:

Megan E. Glor, Attorneys at Law  
American Bank Building  
621 SW Morrison, Suite 900  
Portland, OR 97205

By initialing the spaces below, I specifically authorize the disclosure of the following medical information and/or medical records, if such information and/or records exist:

|                                                                     |                                               |
|---------------------------------------------------------------------|-----------------------------------------------|
| <u>BLP</u> All hospital records (including                          | <u>BLP</u> Emergency and urgency care records |
| <u>BLP</u> nursing records and progress notes)                      | <u>BLP</u> Diagnostic imaging reports/films   |
| <u>BLP</u> Transcribed hospital records                             | <u>BLP</u> Clinician office chart notes       |
| <u>BLP</u> Continuity of care records                               | <u>BLP</u> Physical therapy records           |
| <u>BLP</u> Laboratory/pathology reports                             | <u>BLP</u> Dental records                     |
| <u>BLP</u> Correspondence to/from others                            | <u>BLP</u> Billing statements                 |
| <u>BLP</u> Vocational rehabilitation records                        | <u>BLP</u> Insurance forms                    |
| <u>BLP</u> Entire medical record (all information)                  |                                               |
| <u>BLP</u> Workers' Compensation claim record for injuries of _____ |                                               |

\* If the information to be disclosed contains any of the types of records or information listed below, I understand and agree that this information will be disclosed only if my initials appear in the space next to each item:

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <u>BLP</u> * HIV/AIDS test or result information and/or records                       |
| <u>BLP</u> * Mental health information and/or records                                 |
| <u>BLP</u> * Genetic testing information and/or records                               |
| <u>BLP</u> * Drug/alcohol diagnosis, treatment or referral information and/or records |

By my signature below, I understand that a copy of this Authorization has the same validity as the original. Unless revoked earlier, this authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Bethany Coleman-fire

Signature

Bethany Coleman-fire

Printed Name

Date October 2, 2015



The Standard®

August 17, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard).

As you are aware, your LTD claim was accepted for payment through December 12, 2014 based on the information currently contained in your claim file. On May 26, 2015 you notified The Standard that you recently underwent neuropsychological testing, and according to the results of this testing, it was recommended that you reduce your work schedule to 60% of your full time schedule.

In order to better understand your ongoing level of impairment, and to determine whether additional LTD Benefits are payable, we requested a copy of the neuropsychological testing from OHSU. Our medical records retrieval vendor, Release Point, initially contacted you on July 9, 2015, to request that you complete a facility specific authorization form allowing the release of the neuropsychological testing. After several follow-ups, Release Point contacted you on August 4, 2015, indicating that they received your completed authorization form. However, you dated the form February 2015, and therefore, the authorization form is invalid to obtain a copy of your neuropsychological testing. You responded to Release Point on August 6, 2015, indicating that you would submit another completed authorization form. To date, they have not received your completed authorization form.

If you want The Standard to review your claim to determine whether additional LTD Benefit are payable after December 12, 2014, you must submit a written request for a review of your claim within 180 days from your receipt of our letter to you dated July 1, 2015. In addition to your written request for review, you may also submit additional medical documentation to support that you remain Disabled and entitled to LTD Benefit. Additional information would include, but is not limited to, a complete copy of your neuropsychological testing and/or a completed authorization allowing the release of the neuropsychological testing, and any other medical

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 392 of 1248**

STND 18-03985-000392

information that may be helpful for the review of your claim. An authorization form from OHSU has been enclosed for your convenience in providing this information.

If you have any questions about this letter or any other aspect of your claim, please contact our office.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

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**EXHIBIT 1**

**PART 1 of 2**

**Page 393 of 1248**



Oregon Health & Science University  
Hospitals and Clinics  
Health Information Services /  
Medical Correspondence  
3181 SW Sam Jackson Park Rd,  
Mail Code: OP17A  
Portland, OR 97239-3098  
(503) 494-8521, Fax (503) 494-6970

Page 1 of 1

ACCOUNT NO.  
REF. NO.  
NAME  
ADDRESS

Patient Identification

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**  
ALL SECTIONS OF THIS FORM **MUST** BE COMPLETED OR THE AUTHORIZATION WILL NOT BE ACCEPTED.

I authorize: OHSU  
(Name of person / entity / facility disclosing information)

(Address of person / entity) (City) (State) (Zip Code)

to use and disclose an electronic copy of the specific health information described below; unless you check here ☐ for a paper copy. This release is regarding:

(Name of individual)

consisting of: (see back side for definitions) ☐ Physician reports ☐ X-rays (please see the back side of this form for complete instructions) ☐ Labs ☐ ED ☐ Billing  
☐ Other, specify \_\_\_\_\_

☐ If outpatient practice/clinic records are needed, please specify the practice(s)/clinic(s) (see back side for practice/clinic list) \_\_\_\_\_

to: \_\_\_\_\_  
(Name of recipient)

(Address of recipient) (City) (State) (Zip Code)

for the purpose of: (Describe each purpose of disclosure) ☐ Continued Care ☐ Legal ☐ Disability  
☐ School Entry ☐ Other, specify \_\_\_\_\_

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my **initials** in the applicable space next to the type of information.

\_\_\_\_\_ HIV/AIDS information \_\_\_\_\_ Genetic testing information  
\_\_\_\_\_ Mental health information \_\_\_\_\_ Drug/alcohol diagnosis, treatment, or referral information

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign will mean you will not receive health services is if the health services are solely for the purpose of providing health information to someone else, and the authorization is necessary to make that disclosure. Your refusal to sign this authorization does not adversely affect your enrollment in a health plan or eligibility for health benefits, unless the authorized information is necessary to determine if you are eligible to enroll in the health plan.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any uses or disclosures already made with your permission cannot be undone.

To revoke this authorization, please send a written statement to Medical Correspondence, Health Information Services, OP17A, OHSU 3181 SW Sam Jackson Park Rd. Portland, OR 97239-3098, and state that you are revoking this authorization

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

**I have read this authorization and I understand it.**

This authorization expires one year from the date of signing unless revoked or otherwise specified below:

(enter alternative expiration date or event) \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual or personal representative)

Description of personal representative's authority: \_\_\_\_\_

ONLINE 6/12 (Supersedes 5/04)

**MR-1470 EXHIBIT 1**  
**PART 1 of 2**  
**Page 394 of 1248**

STND 18-03985-000394



Oregon Health & Science University  
Hospitals and Clinics  
Health Information Services /  
Medical Correspondence  
3181 SW Sam Jackson Park Rd,  
Mail Code: OP17A  
Portland, OR 97239-3098  
(503) 494-8521, Fax (503) 494-6970

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

Empty box for patient identification information.

Continued from page 1

Patient Identification

#### DEFINITION OF REPORTS:

- Physician reports include Discharge Summary, Discharge instructions, History & Physical exam, any procedures or operations
- X-rays include X-ray reports, Ultra sound, MRI, and special Imaging reports (If you are requesting for an actual Image please make sure to fill out the Authorization Form MR-4775) The form may be accessed at the following web site: <http://ozone.ohsu.edu/healthsystem/HIS/mr4775.pdf>
- Labs – all laboratory test results
- ED – Emergency Department reports by physician
- Billing – Hospital and / or clinic billing information
- Immunizations – all immunization records
- Other – Specify information not listed

#### OHSU OUTPATIENT PRACTICES/CLINICS:

Adult Psychiatry  
Allergy & Immunology  
Anticoagulation  
Audiology  
Bone & Mineral  
Bone Marrow Transplant / Leukemia  
Cardiology  
Casey Eye Institute  
CDRC Eugene  
Center for Women's Health  
Child and Adolescent Psychiatry  
Childhood Development and Rehabilitation  
(CDRC)  
Comprehensive Pain Center  
Dermatology  
Dermatology Surgery  
Diabetes  
Digestive Health  
Doernbecher Pediatrics - Westside  
Employee Health  
Endocrinology  
Executive Health  
Family Medicine at South Waterfront  
Gabriel Park  
Gastroenterology  
General Pediatrics  
General Surgery  
GI / Hepatology  
Health Promotion and Sports Medicine  
Hematology / Oncology

Infectious Disease  
Intercultural Psychiatry Program  
Internal Medicine  
Knight Cancer Center/Community Hematology  
Oncology  
Lipids  
Liver Transplant  
Marquam Hill Internists  
Nephrology & Hypertension  
Neurology  
Neurosurgery  
Oral & Maxillofacial Surgery  
Orthopaedics  
Otolaryngology  
Pediatric Hematology / Oncology  
Pediatric Specialties  
Perinatal  
Plastic Surgery  
Pulmonary  
Radiation Oncology  
Renal Transplant  
Rheumatology  
Richmond  
Riverplace  
Scappoose  
Sleep Medicine  
Surgical Oncology  
Urology  
Vascular Surgery



## Request Details for RP Number 2330347

### Order Information

**Current Status:** Suspended  
**Order Date:** 07/07/2015  
**Complete Date:**  
**Client:** CCC  
**Requested By:** K McGrath  
**Special Attention:** Please Include any neuro psych testing/evaluations.  
**Scope:** From January 1, 2015 to Present

### Patient Information

**Name:** COLEMAN-FIRE, BETHANY  
**DOB:** [REDACTED]  
**SSN:** [REDACTED]  
**Policy Num:** 00VW3181 KM:Necole

### Provider Information

**Name:** OREGON HEALTH SCIENCES UNIVERSITY  
**Address:** 3181 SW SAM JACKSON PK RD  
**City:** PORTLAND  
**State/Zip:** OR 97239  
**Phone:** 5034946594  
**Fax:** 5034946970

### Status Notes

**Date:** 07/07/2015 at 02:21:00  
**Contact:**  
**Details:** APS ORDER RECEIVED VIA RPNET WITH FOLLOWING PROVIDER DATA: OHSU 3181 SW Sam Jackson Pk Rd Portland, OR, 97239 (503) 494-6594 NO PROVIDER INDEX CODE SELECTED - SEND TO PROVIDER MATCH SPECIAL AUTHO IMAGE FILE 2015070702172414399.tif RECEIVED.

**Date:** 07/07/2015 at 02:48:00  
**Contact:**  
**Details:** PROVIDER CURRENTLY HAS AVG CYCLE TIME OF 21 CALENDAR DAYS.

**Date:** 07/07/2015 at 02:48:00  
**Contact:**  
**Details:** Per Patty/providers office - no status check for 2 weeks from date sent facility releases records noted in s/a. if noting in s/a then they uses dates in autho

**Date:** 07/08/2015 at 12:30:00



**Dawn Schonberg**

---

**From:** Dawn Schonberg  
**Sent:** Tuesday, February 23, 2016 2:32 PM  
**To:** Necole Suzuki  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

OK I can go look tomorrow. Thanks!

Dawn Schonberg | Senior Benefits Review Specialist Administrative Review Unit The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.8765 | Fax 971.321.5038 dawn.schonberg@standard.com | www.standard.com

-----Original Message-----

**From:** Necole Suzuki  
**Sent:** Tuesday, February 23, 2016 2:32 PM  
**To:** Dawn Schonberg  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

I believe that is the letter they are referring to. The letter is not in LEX.... so we'll need the file.

-----Original Message-----

**From:** Dawn Schonberg  
**Sent:** Tuesday, February 23, 2016 2:31 PM  
**To:** Necole Suzuki  
**Subject:** RE: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

Hi Necole -

Perhaps they mean the approval/close letter? Is it in LEX? If not, the file is in DMR and we can go try to get a copy.

Dawn Schonberg | Senior Benefits Review Specialist Administrative Review Unit The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.8765 | Fax 971.321.5038 dawn.schonberg@standard.com | www.standard.com

-----Original Message-----

**From:** Necole Suzuki  
**Sent:** Tuesday, February 23, 2016 2:28 PM  
**To:** Dawn Schonberg  
**Cc:** Kath McGrath  
**Subject:** FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

Hi Dawn,

Please see the attached fax regarding Bethany Coleman Fire. Let me know if you can respond or if there's something we need to do.

Thanks!

Necole Suzuki, FLHC | Sr. Disability Claim Specialist The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.suzuki@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

From: Kath McGrath

Sent: Tuesday, February 23, 2016 2:17 PM

To: Necole Suzuki

Subject: FW: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

If there's a response on file, let me know and I can resend it.

Kathleen McGrath | Disability Claims Assistant The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.6946 | Fax 503.796.5972 Kath.McGrath@standard.com |  
www.standard.com

-----Original Message-----

From: RightFax Email Gateway

Sent: Tuesday, February 23, 2016 1:50 PM

To: Cgroup Faxes

Subject: A new fax has arrived from catherine@meganglor. (Part 1 of 1) on Channel 29

2/23/2016 1:48:04 PM Transmission Record

Received from remote ID: catherine@meganglor.

Inbound user ID CGROUPFAXES, routing code 5972

Result: (0/352;0/0) Success

Page record: 1 - 3

Elapsed time: 01:22 on channel 29

Fax Images: [double-click on image to view page(s)]

Megan E. Glor  
John C. Shaw  
nw-erisa@meganglor.com  
Phone: (503) 223-7400

## Megan E. Glor Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

February 23, 2016

**By Facsimile: ((503) 796-5972)**

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
Standard Insurance Company  
903 SW Fifth Avenue  
Portland, OR 97204-1235

Telephone: (800) 368-1135, ext. 3198

RE: Claimant: Bethany Coleman-Fire  
Group: Professional Services Employers Trust on behalf of Davis Wright  
Tremaine LLP  
Group Policy: 445474 / Claim No.: 00VW3181

Dear Ms. Suzuki:

I am writing you again regarding Bethany Coleman-Fire's lump sum Long Term Disability ("LTD") benefit check for \$15,038.11, as I have not received your response to my January 5, 2016 letter.

As you know, our law firm represents Ms. Coleman-Fire regarding her LTD claim against Standard Insurance Company ("Standard"). I reviewed Standard's claim file regarding Ms. Coleman-Fire, but did not see any correspondence that accompanied Standard's lump sum LTD benefit payment check of \$15,038.11 for the period May 20, 2014 through December 12, 2014, that was issued on June 30, 2015.

Please send me a copy of the letter to Ms. Coleman-Fire that accompanied the lump sum benefit check.

As Ms. Coleman-Fire has not cashed/deposited the lump sum benefit check and the check is no longer valid (valid for 6 months after issue date of June 30, 2015), please issue her a new check for \$15,038.11.

Megan E. Glor  
John C. Shaw  
nw-crisa@meganlor.com  
Phone: (503) 223-7400

# Megan E. Glor

## Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

# Fax

To: Standard Ins. Co., Attn: N. Suzuki

Fax #: 503-796-5972

Phone #: \_\_\_\_\_

RE: Bethany Coleman-Fire

From: John Shaw

Pages (Including Coversheet): 2

Date: 2/23/2016

CC: \_\_\_\_\_

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

Comments:

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify the sender immediately and arrange for the return or destruction of these documents.

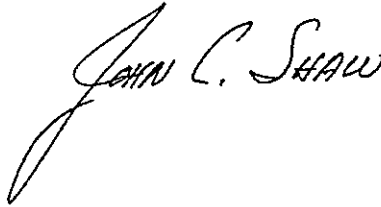
**EXHIBIT 1**  
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STND 18-03985-000400

February 23, 2016  
Re: Bethany Coleman-Fire  
Page 2 of 2

Thank you for your prompt response. If you have any questions, please call me at (503) 223-7400.

Sincerely,

A handwritten signature in black ink that reads "JOHN C. SHAW". The signature is written in a cursive style with a large, looping initial "J".

John C. Shaw

JCS:js  
Enclosures  
cc: Bethany Coleman-Fire



February 11, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

Standard Insurance Company's goal is to treat all claims fairly. The Administrative Review Unit is continuing to review Standard Insurance Company's decision to close Ms. Coleman-Fire's claim for long term disability (LTD) benefits. This unit was formed specifically to assure that each claim receives a fair and objective review.

We attempt to complete all reviews as promptly as possible and within 45 days after the receipt of your request, or within 90 days if special circumstances require an extension. The Standard received your request for review on Ms. Coleman-Fire's behalf on December 28, 2015. As indicated in previous correspondence, her file was sent for medical review by two Physician Consultants who had not previously reviewed her file, one board certified in Neurology and the other a board certified Neuropsychologist. As of the date of this letter, neither review has been completed. We do expect they will be completed soon, following which we should be able to complete our independent review of the decision made on Ms. Coleman-Fire's claim.

Because the medical reviews have not been completed, we will be unable to complete our independent review before February 11, 2016, the 45th day after we received your request for review in our office. We are therefore extending the time to complete our review by the additional 45 days allowed under the terms of the Professional Services Employers Trust on behalf of Davis Wright Tremaine Group Policy to March 27, 2016.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
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STND 18-03985-000402

We will send you periodic updates regarding the status of our review and you will be notified in writing once the review is completed. Thank you for your patience during the review process. If you have any questions, please call me at (971) 321-8765. You may also fax any information to my attention at (971) 321-5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Megan E. Glor  
John C. Shaw  
mw-erisa@meganglor.com  
Phone: (503) 223-7400

## Megan E. Glor Attorneys at Law

Disability ~ Health ~ ERISA ~ Life ~ Pensions

American Bank Building  
621 S.W. Morrison, Ste. 900  
Portland, OR 97205  
Fax: (503) 227-2530

February 9, 2016

By Fax: (971) 321-5038

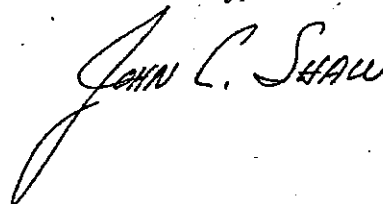
Dawn E. Schonberg, Sr. Benefits Review Specialist  
Administrative Review Unit  
Standard Insurance Company  
900 SW Fifth Avenue  
Portland, OR 97204-1235

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Schonberg:

I am writing to inform you in accordance with the Deductible Income provisions of the disability policy set forth on pages 14-16 that Ms. Coleman-Fire has retained attorney Jane Paulson of the Portland, Oregon law firm of Paulson & Paulson, to pursue a third-party claim and lawsuit for her damages resulting from her February 9, 2014, motor vehicle collision.

Sincerely,



John C. Shaw

JCS:js  
cc: Bethany Coleman-Fire  
Jane Paulson

Subrogation

EXHIBIT 1  
PART 1 of 2

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TheStandard®

January 28, 2016

John C. Shaw  
Megan E. Glor  
Attorneys at Law  
621 SW Morrison Suite 900  
Portland, OR 97205

RE: Bethany Coleman-Fire  
Professional Services Employers Trust on behalf of  
Davis Wright Tremaine, LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Mr. Shaw:

The Administrative Review Unit is continuing to review Standard Insurance Company's decision to close Ms. Coleman-Fire's long term disability (LTD) claim.

Ms. Coleman-Fire's file was sent for review by two Physician Consultants who have not previously reviewed her file. One is board certified in Neurology and the other is a Neuropsychologist. As of the date of this letter, neither review has been completed. We do expect they will be completed soon, following which we should be able to complete our independent review of the decision made on Ms. Coleman-Fire's claim. At this time, we hope the medical reviews will be completed by February 11, 2016, which is 45 days after we received your request for review in our office. Please note that this Group Policy does allow for an additional 45 day extension if the review cannot be completed within the first 45 days.

We will send you periodic updates regarding the status of our review and you will be notified in writing once the review is completed. Thank you for your patience during the review process. If you have any questions, please call me at 971.321.8765. You may also fax information to my attention at 971.321.5038.

Sincerely,

Dawn E. Schonberg  
Senior Benefits Review Specialist  
Insurance Services Group – Administrative Review Unit

cc: File

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 405 of 1248**

STND 18-03985-000405

## **Dawn Schonberg**

---

**From:** Paul Kangas  
**Sent:** Monday, January 11, 2016 2:27 PM  
**To:** Dawn Schonberg; Bob Black  
**Subject:** RE: Coleman- Fir 00VW3181

Ok, will do.

Paul Kangas, MS, CRC | Vocational Case Manager The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.7549 | Toll Free (800) 628-9696, ext. 7549 | Fax  
971.321.6118 paul.kangas@standard.com | www.standard.com

-----Original Message-----

**From:** Dawn Schonberg  
**Sent:** Monday, January 11, 2016 2:25 PM  
**To:** Bob Black; Paul Kangas  
**Subject:** RE: Coleman- Fir 00VW3181

Thank you! Paul - let me know if you need anything.

Dawn Schonberg | Senior Benefits Review Specialist Administrative Review Unit The Standard Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.8765 | Fax 971.321.5038 dawn.schonberg@standard.com |  
www.standard.com

-----Original Message-----

**From:** Bob Black  
**Sent:** Monday, January 11, 2016 2:23 PM  
**To:** Paul Kangas  
**Cc:** Dawn Schonberg  
**Subject:** Coleman- Fir 00VW3181

Hi Paul,

I have transferred the case of BETHANY COLEMAN-FIR (ARU)  
00VW3181 to (please rush) I'll drop this off soon. Thanks BB

From the desk of:  
Dawn Schonberg  
(971) 321-8765

1

## INITIAL ADMINISTRATIVE REVIEW UNIT CLAIM REVIEW

Date: 1/11/16 Date of Decision Letter: 2/1/15  
Claimant: Bethany Clemon-Fire Review Request Date: 12/28/15  
Group: PSET on behalf of Davis Wright Tremaine  
Claim No. VW3181

LDW: 2/12/14 Benefits from: 5/20/14 - 12/12/14  
Closure/Denial Reason: own occ close  
Own Occupation: Assoc Atty

Special Circumstances: Attorney Representation: Y  
Insurance Commissioner: N  
Special Language (PERA, SC): N  
State-Specific Language: N  
SSDI awarded: N

Summary: ped v MV in MVA 2/12/14  
EES concussion, depr. anx, sleepbsh, post conc. synd  
DOT 12/1/13 pre-ex 3/3/13 - 5/31/13  
ANS Uppad, DM 12/31/14  
concussion, MVA  
vertigo, soft tissue, adj. react, anx/depr  
convergence insufficiency  
neuropsych 5/4/15 (test 4/27)  
prets w/ sustained/divided attn  
speed of info processing  
complex problem solving

Claimant's Issues:

mult  
new medical incl neuropsych

From the desk of:  
**Dawn Schonberg**  
 (971) 321-8765

2

---

Medical Reviews Completed:

Julie 5/19/15

Syva 6/10/15

---

Alternative Occupations Identified:

n/a

---

Additional Information Needed:

Records: n

Payroll: n

Job Description: n

Other: n

---

Consultations Needed:

Medical: y - neurology + neuropsych

Vocational: y

Legal: n

Other (CPA, SIU): n

---

Questions to Address:

/ need an occ incl cog demands  
 LTRs preclude PT?  
 neuropsych appears to support PT?

Contact:

Details: \*\* S/A is asking for Neuro psych test evals. Need the mental health records released on the FSA.

Date: 07/08/2015 at 01:31:00

Contact: RACHEL 494

Details: \*\* Emailed PS1 to assist regarding the Unknown Source.

Date: 07/09/2015 at 11:26:00

Contact:

Details: We will need the mental health section of the OHSU authorization initialed for release. Standard is asking for neuro psych testing and evaluations. Thank you

Date: 07/09/2015 at 01:30:00

Contact:

Details: MAILING AUTHO AND LETTER TO PATIENT WITH ADDITIONAL INSTRUCTIONS A LETTER OF REP WAS SENT WITH REQUEST:

Date: 07/22/2015 at 11:13:00

Contact:

Details: LEFT VOICEMAIL: : \*\* asking if the autho has been received Please complete and return to Release Point mental health needs to be marked for release on autho

Date: 07/24/2015 at 05:34:00

Contact:

Details: MAILING REQUEST TO PATIENT TO HAVE FACILITY SPECIFIC AUTHORIZATION SIGNED AND RETURNED

Date: 08/03/2015 at 11:37:00

Contact:

Details: LEFT VOICEMAIL: : \*\* asking if the autho has been received Please complete and return to Release Point

Date: 08/03/2015 at 01:20:00

Contact:

Details: \*\* spoke to the patient she states we have a hole in our system she has already sent this autho back thre times she will resend with the mental healthe again

Date: 08/04/2015 at 05:22:00

Contact:

Details: \*\* Let patient know that we did receive an autho to release mental health records under RP number 2185398 but it is dated 2/2015. We need the autho updated for currrent records.

Date: 08/06/2015 at 01:44:00

Contact: BETHANY

Details:

**EXHIBIT 1**  
**PART 1 of 2**  
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8/17/2015

SPOKE TO BETHANY: : \*\* She is not in town at this time. She has the blank FSA and will complete and send asap.

Date: 08/14/2015 at 01:46:00

Contact:

Details: \*\* Please be advised that we have sent the patient the authorization needed from the facility to process the records. We have been following up leaving messages with no response. Conflicting statements from the patient she sent the authorization several times, she never see the authorization, she has the blank authorization and will complete nothing in the Release Point system as of Friday August 14th Please advise.

Date: 08/14/2015 at 01:49:00

Contact:

Details: EMAILED TO jyakymi@standard.com,kath.mcgrath@standard.com: REQUEST SUSPENDED \*\* Please be advised that we have sent the patient the authorization needed from the facility to process the records. We have been following up leaving messages with no response. Conflicting statements from the patient she sent the authorization several times, she never see the authorization, she has the blank authorization and will complete nothing in the Release Point system as of Friday August 14th Please advise.

[Home](#) [Action](#) [Support](#) [Account](#)

[RPNet Logout](#)

## Order Complete

**Your Weborder Transaction ID is: 2294836**

Please be sure to write this number on the authorization form when sending to ReleasePoint, or print this page and fax it along with the autho to:

**626-768-7064**

Name: Coleman-Fire, Bethany

DOB: [REDACTED]

SSN: [REDACTED]

Policy Num: 00VW3181 KM:Necole

Source Code:

Provider 1 : OHSU

Address: 3181 SW Sam Jackson Pk Rd  
Portland, OR 97239

Phone: 503-494-6594

Record Range: Obtain records from 01/01/2015 to Present

[New Request \(Retain Household Info/Policy Number\) ->](#)

[New Request \(Clear All Previous Data\) ->](#)

[Order Additional Request\(s\) for This Patient](#)

## Necole Suzuki

---

**From:** Necole Suzuki  
**Sent:** Wednesday, July 01, 2015 3:16 PM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Additional medical records from Dr. Stone  
**Attachments:** approval-closure letter.pdf

Hi Bethany,

I have attached a copy of the letter.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Wednesday, July 01, 2015 11:32 AM  
**To:** Necole Suzuki  
**Subject:** Re: Additional medical records from Dr. Stone

Thanks. Also, is it possible for you to send me a PDF copy of the letter? I'm pretty distressed about the denial of coverage and would like to understand what precisely is going on.

Thanks,

B  
On Wed, Jul 1, 2015 at 11:10 AM Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

Thank you for sending your medical records from Dr. Stone, and for your voicemail. We will also send a request to OHSU for a copy of the neuropsychological evaluation. I will let you know if we encounter any difficulty getting the information released.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company



900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Wednesday, July 01, 2015 10:27 AM  
**To:** Necole Suzuki  
**Subject:** Additional medical records from Dr. Stone

Hi Necole -

Attached are the records from Dr. Stone. I'm sorry that I missed these on the initial round. It's challenging to keep track of everyone I've seen. Please let me know if you have any difficulty opening them, etc. As I mentioned, I am out of town currently but will send you the OHSU records when I get home, assuming they have arrived.

Thanks,

B

--

Bethany Coleman-Fire  
503-317-8898  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

  
TheStandard®

July 1, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). Your LTD claim has been approved with benefits payable through December 12, 2014. We would like to take this opportunity to explain how your benefits have been calculated and how we determine the length of time benefits are payable.

In order to be eligible for LTD Benefits we must have satisfactory written Proof Of Loss supporting that you are Disabled as defined by the Group Policy. The Group Policy defines Disability, in part, as follows:

*DEFINITION OF DISABILITY*

*You are Disabled if you meet one of the following definitions during the period it applies:*

*A. Own Occupation Definition of Disability; or*

*C. Partial Disability Definition.*

*A. Own Occupation Definition of Disability*

*During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.*

*You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.*

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
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*Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.*

*During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.*

*Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.*

*Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.*

#### **C. Partial Disability Definition**

*During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you are working in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.*

*Your Work Earnings may be Deductible Income. See Return To Work Incentive and Deductible Income.*

Proof Of Loss and Documentation are defined by the Group Policy as follows:

#### **C. Proof Of Loss**

*Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.*

*For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.*

*D. Documentation*

*Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.*

Your LTD claim was reviewed to determine whether there is documentation to support that as a result of Physical Disease, Injury, Pregnancy or Mental Disorder you were unable to perform with reasonable continuity the Material Duties of your Own Occupation, or unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation, from February 19, 2014 and continuing.

You indicated on your initial claim form that you were hit by a car while walking your dog on February 19, 2014. You reported that you were unable to work due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. You described your symptoms as headaches, fatigue, neck and back pain, sleeplessness, and anxiety.

An Attending Physician Statement completed by Dr. Uppal, dated December 30, 2014, reflects a diagnosis of concussion and motor vehicle accident. Other diagnoses include anxiety and depression, vertigo, soft tissue injury, and adjustment reaction. Symptoms are described as memory and attention deficit, fatigue, and musculoskeletal complaints. Dr. Uppal noted that you could work with accommodations. He expected your impairment to last approximately three months, but possibly longer. He noted that you could work 75% of your normal workload and should be excused for physical therapy, office visits, and counseling, once or twice per week for the next three months.

In order to obtain a better understanding of your medical condition and any ongoing limitations or restrictions you may have, we requested copies of your medical records from Dr. Uppal, internal medicine; Dr. Chesnutt, sports medicine; Dr. Brown, neurologist; Dr. Ellison, neurologist; and Legacy Emanuel Hospital. Upon receipt of your medical records your claim file was referred to a Physician Consultant, board certified in psychiatry and neurology, for review and comment.

The medical records reflect that you consulted Dr. Uppal on February 20, 2014. You reported that you were walking your dog the prior evening and were hit by a car going full speed. You indicated that you hit your head on the windshield, flew 20 feet up in the air, and then fell on the pavement hitting your head again. You reported no loss of consciousness and were taken to Emanuel Hospital by EMT. It is noted that you suffered soft tissue injuries but no other injuries were found. A CT of the head was negative. You had myalgias which were generalized, and a laceration on your scalp. You also reported having vertigo and headache. You reported feeling sore everywhere with tightened muscles, and when you stood up, turned your head or moved, you had worsening vertigo with nausea. Dr. Uppal's assessment was concussion, vertigo, motor vehicle accident, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms.

You were prescribed Tylenol and Flexeril for myalgias and were referred for physical therapy and massage therapy.

Medical records from Dr. Ellison reflect that you were referred by Dr. Uppal for your complaints of headaches and dizziness, post concussion. You saw Dr. Ellison on March 3, 2014, and recounted the accident, indicating that you did not remember all of the events. Dr. Ellison commented that you may have had a short time out of consciousness. You reported that your vertigo was gone but you still woke a little dizzy. You indicated that your nausea was minimal. You reported persistent mild, dull headaches all of the time, but that you did not need medication for your headaches. You reported tingling and numbness in your cheek for the past four days, on and off. You indicated that physical therapy was helping with your cervical strain. You also reported feeling fatigued, sleeping a lot, and had not been back to work. Dr. Ellison noted that a CT of the brain was normal and C-spine x-rays were also normal. Dr. Ellison's impression was: post head trauma/post-concussion symptoms; posttraumatic headache; nausea, ongoing and mild; history of the ptosis, left eye, worse after the head trauma; cervical strain; right facial paresthesias, intermittent and mild. Dr. Ellison recommended a follow up in one month.

A physical therapy note, dated March 19, 2014, reflects that you reported intermittent dizziness and neck discomfort, which had been slowly improving. You indicated that you attempted to return to work the prior week but became dizzy and had increased headaches after only ten minutes. A follow-up physical therapy note, dated April 9, 2014, reflects that you were discharged from care as you had met your goals. The progress note reflects that your neck discomfort was intermittent and mild, and you had full range of motion in your cervical spine, with only slight discomfort produced. It is noted that you had dizziness with cervical flexion and mild hypertonicity in the left cervical paraspinals and right suboccipitals. It was noted that your vertigo had been eliminated, but you continued to have intermittent light-headedness and headaches, which was likely post-concussive. You reported that you had been back to work half-time, which was going okay. You indicated that you were still fatiguing easily, and had intermittent headaches and dizziness. It was recommended that you return to your sports medicine physician for follow-up.

Medical records from Dr. Brown reflect that you underwent vestibular testing on April 14, 2014, with normal results. There was no evidence of posttraumatic vestibulopathy or posttraumatic endolymphatic hydrops. Your hearing was also normal.

The next available medical records from Dr. Uppal is dated July 11, 2014, and reflects that you were seen for an annual physical exam. The review of systems was negative for myalgias or back pain, and positive for dizziness and depression. Dr. Uppal also noted your history of concussion and that your vertigo was due to the concussion. An examination of your back revealed normal range of motion and no tenderness. Dr. Uppal also noted that you were not nervous or anxious, and did not have insomnia.

Medical records from Dr. Chesnutt reflect that you first consulted him on September 9, 2014, for a concussion management plan. You reported suffering a head injury on February 19, 2014, when you were hit by a car while walking your dog. Your initial symptoms included neck pain,

headache, vertigo and dizziness. You reported that you attempted to return to work two weeks prior, but felt awful and went home. You felt nauseous, anxious, and fatigued while at work. You reported working about three hours each day for the past week. You were receiving massage therapy for neck issues. You reported that your daily function was mostly impacted by headaches, treated with massage and nonsteroidal anti-inflammatory drugs. You indicated that you had not received recent therapy for neck pain, and your dizziness and balance issues were episodic and mostly resolved. You reported still having issues with fatigue, some stress related dreams related to the accident, being more irritable, and feeling cognitively slow. You reported doing well working half-time. Dr. Chesnutt's assessment was post-concussion headache; cervical strain, initial encounter; and concussion. Dr. Chesnutt provided a referral for physical therapy and recommended that you take Aleve for pain and swelling.

You consulted Dr. Uppal on September 16, 2014, to follow up on your motor vehicle accident, headaches, and fatigue, and to discuss new medication. You indicated that you were followed by Dr. Chesnutt for post-concussion care, and were receiving physical therapy, occupational therapy, speech therapy, and massage therapy. You reported that craniosacral massage helped with your persistent headaches. You indicated that your headaches did not have any specific location and they were present almost daily. You indicated that Dr. Chesnutt mentioned that you should be on an antidepressant as your mood had been low, and you had reported frequent crying spells. You also reported gaining a significant amount of weight. Dr. Uppal's assessment was: reaction, adjustment, anxiety, and depressed mood; headache; neck muscle spasm; weight gain; and post-concussion syndrome. Dr. Uppal recommended that you seek counseling and he prescribed Cymbalta. You were to follow up in four weeks.

You followed up with Dr. Uppal on October 15, 2014. You reported that your mood had improved and you were able to work for a longer duration. You were exercising regularly, but still had episodes of tearfulness. You indicated that you had not been able to see a counselor, but were calling for an appointment. Dr. Uppal's assessment was adjustment reaction, and anxiety and depression, treated with Wellbutrin. You were to follow up in two months.

You followed up with Dr. Chesnutt on December 5, 2014, and reported that your headaches and neck pain were much better, but you were sore by the end of each workday. You reported that your vision was improving but your peripheral vision of the left eye was not as good. You reported less fatigue and that your sleep was generally good. Cognitively, you were doing well but still had some concentration and memory issues. Dr. Chesnutt's assessment was that your concussion was resolving slowly and you should continue with your current rehabilitation and restrictions. Dr. Chesnutt recommended a return visit if your symptoms worsened or failed to improve as anticipated.

You followed up with Dr. Uppal on December 12, 2014, for follow up on your medications. You reported feeling stable on your current medication and felt like you were closer to your baseline than you had been in the past. You reported being back at work, but that you had not made an appointment with a psychologist yet. You indicated that you had one meeting with a therapist but did not click. You continued to follow up with Dr. Chesnutt for post-concussion syndrome. Dr. Uppal noted that you had a normal mood and affect, and your behavior was normal. He advised



you again to follow up with a psychologist as this may help speed up your recovery. You were to follow up with Dr. Uppal as needed.

The most recent progress note from Dr. Uppal is dated March 2, 2015, and reflects that you reported that you had been working three quarters time. You indicated that you had been going to counseling for the past month, which had been helpful. You reported not feeling 100% and fatigued in the afternoons. You requested that Dr. Uppal complete paperwork to extend your part-time work. You reported that your prescription may have been interfering with your sleep and Dr. Uppal prescribed Trazodone. It is noted that you were to undergo neuropsychological testing the following month.

The most recent progress note from Dr. Chesnutt, dated March 3, 2015, reflects that you continued to report headaches. It was unclear whether the headaches were related to neck pain or fatigue. You reported that your neck pain improved with massage therapy once a week. You reported some sleep problems related to your medication, and cognitively felt like you were at 75% of baseline, and were not improving. You continued to work at a 75% schedule and were to be referred for a neuropsychological evaluation. Dr. Chesnutt's assessment was concussion, slow to resolve. You were to follow up if your symptoms worsened or failed to improve.

After reviewing the available medical records, the Physician Consultant indicated that the documentation supports that you were stable and closer back to baseline by December 2014. You continued to complain of slowed cognitive processing and were continuing to work at a three-quarter time schedule as an attorney. The Physician Consultant commented that neuropsychological testing had been ordered and recommended that we obtain copies of the testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and anxious September 2014 which may have contributed to your inability to return to full-time work.

In summary, the information in your claim file supports that you ceased work after being struck by a car on February 18, 2014. You were diagnosed with a concussion and also suffered from vertigo, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms. You had an unsuccessful attempt to return to work in April and May 2014 and ceased all work activity again as of May 15, 2014. You were able to return to part-time work as of August 4, 2014, and increased your work schedule to 75% of your full-time schedule.

You notified The Standard that you recently underwent a neuropsychological evaluation and the results of this evaluation supported that you should decrease your work activity to a 60% of full-time schedule. A copy of this neuropsychological evaluation has not been provided.

Available medical information was reviewed by a Physician Consultant who concluded that the documentation supports that you were stable and closer back to baseline by December 2014. The Physician Consultant recommended that we obtain copies of your neuropsychological testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and

anxious September 2014, which may have contributed to your inability to return to full-time work.

In order to be eligible for LTD benefits you must be Disabled under the terms of the Group Policy. Therefore, as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to perform with reasonable continuity the Material Duties of your Own Occupation; or as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation.

Without a copy of your recent neuropsychological evaluation supporting ongoing cognitive impairment, or medical records documenting that your depression and anxiety persisted beyond December 12, 2014, we do not have satisfactory written Proof Of Loss to support that you remain Disabled after your December 12, 2014 medical appointment with Dr. Uppal, at which point you were documented to be stable and closer to baseline.

Based on the information in your claim file we have concluded that you met the Definition of Disability as of February 19, 2014, and the documentation supports that you remained Disabled through December 12, 2014. As such, your LTD claim has been approved with benefits payable through December 12, 2014.

Benefits become payable after you have served a Benefit Waiting Period of 90 days. We have established February 19, 2014 as the date of Disability for your claim. Therefore, benefits became payable as of May 20, 2014.

Your LTD Benefit is 60% of your Predisability Earnings, reduced by Deductible Income described in the Group Policy. Your Predisability Earnings were \$9,791.68 (semi-monthly salary of \$4,895.84 x 2); therefore, your Maximum LTD Benefit is \$5,875.01 per month.

Information in your claim file reflects that you received salary continuation from your employer through July 31, 2014. This is considered Deductible Income and your LTD Benefit has been reduced by salary continuation paid to you through July 31, 2014.

Information in the claim file also reflects that you returned to part time work as of August 4, 2014. Work Earnings are considered Deductible Income, and LTD Benefits are reduced by your Work Earnings according to the formula described in the Group Policy.

A check has been issued to you under separate cover in the amount of \$15,038.11, for LTD Benefits due to you from May 20, 2014 through December 12, 2014.

Information in your claim file reflects that your employer paid your LTD premiums; therefore, your LTD Benefit is 100% taxable.

The Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Life Insurance Policy provides a benefit that continues your group life insurance without payment of



premium provided you meet the eligibility requirements. You must be unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience. We have determined that you do not qualify for this benefit beyond December 12, 2014, as we do not have documentation to support that medical condition prevents you from being gainfully employed. Please contact your employer to ensure that premium payments are made to continue this insurance coverage.

Your LTD claim has closed with our payment to you through December 12, 2014. If you want us to review the claim and this decision you must send us a written request within 180 days after you receive this letter. If you request a review, you will have the right to submit additional information in connection with the claim. Additional information that would be helpful for the review of your claim includes a copy of the neuropsychological testing report and therapy/counseling records supporting that you remain Disabled beyond December 12, 2014. Please include any such new information along with the request for review.

If you request a review, it will be conducted by an individual who was not involved in the original decision. If necessary, the person conducting the review will consult with a medical professional with regard to the claim. The medical professional will be someone who was not previously consulted in connection with the claim. The review would be completed within 45 days after we receive your request unless circumstances beyond our control require an extension of an additional 45 days.

If you request a review and the decision to deny this claim is upheld, you will have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act (ERISA) or state law, whichever is applicable.

We want you to know that upon further investigation, other valid reasons for limiting or denying this claim, which have not been previously considered, could come to our attention. Therefore, The Standard reserves the right to consider and assert other reasons for limitation or denial of this claim should they occur in the future.

Please consult the Certificate of Insurance or Summary Plan document for a complete description of your rights under the terms of the Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Policy.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,



Necole Suzuki, FLHC—  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Wednesday, July 01, 2015 11:10 AM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Additional medical records from Dr. Stone

Hi Bethany,

Thank you for sending your medical records from Dr. Stone, and for your voicemail. We will also send a request to OHSU for a copy of the neuropsychological evaluation. I will let you know if we encounter any difficulty getting the information released.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Wednesday, July 01, 2015 10:27 AM  
**To:** Necole Suzuki  
**Subject:** Additional medical records from Dr. Stone

Hi Necole -

Attached are the records from Dr. Stone. I'm sorry that I missed these on the initial round. It's challenging to keep track of everyone I've seen. Please let me know if you have any difficulty opening them, etc. As I mentioned, I am out of town currently but will send you the OHSU records when I get home, assuming they have arrived.

Thanks,

B

--  
Bethany Coleman-Fire  
503-317-3898  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

From the desk of: Necole Suzuki

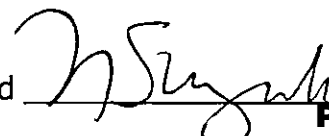
7/1/2015 11:17 AM

Re: BETHANY COLEMAN-FIRE  
Member SS#: xxx-xx-xxxx  
Claim #: 00VW3181

Policyholder: PROFESSIONAL SERVICES EMPLOYER  
Group ID#: 10010415  
Policy #: 445474

Voicemail from Ms. Coleman-Fire. She indicated that I did not need to return her call. She asked that I email her to confirm receipt of her voicemail.

Ms. Coleman-Fire said that since she is of town she would like us to contact OHSU directly for the neuropsychological evaluation. An authorization should be on file already for OHSU. She also asked that I confirm receipt of the records she emailed over from Dr. Stone.



From the desk of: Necole Suzuki

7/1/2015 10:18 AM

Re: BETHANY COLEMAN-FIRE  
Member SS#: xxx-xx-xxxx  
Claim #: 00VW3181

Policyholder: PROFESSIONAL SERVICES EMPLOYER  
Group ID#: 10010415  
Policy #: 445474

Telephone call to Ms. Coleman-Fire. I told her that we completed the review of her claim and have determined that benefits are payable through December 12, 2014. I explained that a detailed letter will be sent today explaining the decision.

Ms. Coleman-Fire asked if we could talk about why the claim was not accepted beyond December 12, 2014. I explained to her that medical records from Dr. Uppal reflect that she was close to baseline by December 12, 2014, although she continued to complain of some cognitive impairment. I explained that we have not received a copy of the neuropsychological testing that would potentially support her cognitive impairment beyond December 12, 2014.

Ms. Coleman-Fire indicated that she is out of town but when she returns home she will follow up on the neuropsychological testing reports and provide us a copy. She also indicated that she realizes that she did not send her medical records from her neuro-optometrist. She will obtain these records and send them to us when she returns home.

I told Ms. Coleman-Fire that a check was issued to her today, and I asked her to call me if she has any questions after she receives and reviews my letter.

TheStandard®

July 1, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). Your LTD claim has been approved with benefits payable through December 12, 2014. We would like to take this opportunity to explain how your benefits have been calculated and how we determine the length of time benefits are payable.

In order to be eligible for LTD Benefits we must have satisfactory written Proof Of Loss supporting that you are Disabled as defined by the Group Policy. The Group Policy defines Disability, in part, as follows:

*DEFINITION OF DISABILITY*

*You are Disabled if you meet one of the following definitions during the period it applies:*

*A. Own Occupation Definition of Disability; or*

*C. Partial Disability Definition.*

*A. Own Occupation Definition of Disability*

*During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.*

*You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.*

Standard Insurance Company  
900 NE Oregon Avenue  
Portland OR 97204-1235  
tel 888.937.4783

open/close hr

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 425 of 1248**

*Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.*

*During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.*

*Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.*

*Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.*

#### **C. Partial Disability Definition**

*During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you are working in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.*

*Your Work Earnings may be Deductible Income. See Return To Work Incentive and Deductible Income.*

Proof Of Loss and Documentation are defined by the Group Policy as follows:

#### **C. Proof Of Loss**

*Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.*

*For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.*

#### *D. Documentation*

*Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.*

Your LTD claim was reviewed to determine whether there is documentation to support that as a result of Physical Disease, Injury, Pregnancy or Mental Disorder you were unable to perform with reasonable continuity the Material Duties of your Own Occupation, or unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation, from February 19, 2014 and continuing.

You indicated on your initial claim form that you were hit by a car while walking your dog on February 19, 2014. You reported that you were unable to work due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. You described your symptoms as headaches, fatigue, neck and back pain, sleeplessness, and anxiety.

An Attending Physician Statement completed by Dr. Uppal, dated December 30, 2014, reflects a diagnosis of concussion and motor vehicle accident. Other diagnoses include anxiety and depression, vertigo, soft tissue injury, and adjustment reaction. Symptoms are described as memory and attention deficit, fatigue, and musculoskeletal complaints. Dr. Uppal noted that you could work with accommodations. He expected your impairment to last approximately three months, but possibly longer. He noted that you could work 75% of your normal workload and should be excused for physical therapy, office visits, and counseling, once or twice per week for the next three months.

In order to obtain a better understanding of your medical condition and any ongoing limitations or restrictions you may have, we requested copies of your medical records from Dr. Uppal, internal medicine; Dr. Chesnutt, sports medicine; Dr. Brown, neurologist; Dr. Ellison, neurologist; and Legacy Emanuel Hospital. Upon receipt of your medical records your claim file was referred to a Physician Consultant, board certified in psychiatry and neurology, for review and comment.

The medical records reflect that you consulted Dr. Uppal on February 20, 2014. You reported that you were walking your dog the prior evening and were hit by a car going full speed. You indicated that you hit your head on the windshield, flew 20 feet up in the air, and then fell on the pavement hitting your head again. You reported no loss of consciousness and were taken to Emanuel Hospital by EMT. It is noted that you suffered soft tissue injuries but no other injuries were found. A CT of the head was negative. You had myalgias which were generalized, and a laceration on your scalp. You also reported having vertigo and headache. You reported feeling sore everywhere with tightened muscles, and when you stood up, turned your head or moved, you had worsening vertigo with nausea. Dr. Uppal's assessment was concussion, vertigo, motor vehicle accident, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms.



You were prescribed Tylenol and Flexeril for myalgias and were referred for physical therapy and massage therapy.

Medical records from Dr. Ellison reflect that you were referred by Dr. Uppal for your complaints of headaches and dizziness, post concussion. You saw Dr. Ellison on March 3, 2014, and recounted the accident, indicating that you did not remember all of the events. Dr. Ellison commented that you may have had a short time out of consciousness. You reported that your vertigo was gone but you still woke a little dizzy. You indicated that your nausea was minimal. You reported persistent mild, dull headaches all of the time, but that you did not need medication for your headaches. You reported tingling and numbness in your cheek for the past four days, on and off. You indicated that physical therapy was helping with your cervical strain. You also reported feeling fatigued, sleeping a lot, and had not been back to work. Dr. Ellison noted that a CT of the brain was normal and C-spine x-rays were also normal. Dr. Ellison's impression was: post head trauma/post-concussion symptoms; posttraumatic headache; nausea, ongoing and mild; history of the ptosis, left eye, worse after the head trauma; cervical strain; right facial paresthesias, intermittent and mild. Dr. Ellison recommended a follow up in one month.

A physical therapy note, dated March 19, 2014, reflects that you reported intermittent dizziness and neck discomfort, which had been slowly improving. You indicated that you attempted to return to work the prior week but became dizzy and had increased headaches after only ten minutes. A follow-up physical therapy note, dated April 9, 2014, reflects that you were discharged from care as you had met your goals. The progress note reflects that your neck discomfort was intermittent and mild, and you had full range of motion in your cervical spine, with only slight discomfort produced. It is noted that you had dizziness with cervical flexion and mild hypertonicity in the left cervical paraspinals and right suboccipitals. It was noted that your vertigo had been eliminated, but you continued to have intermittent light-headedness and headaches, which was likely post-concussive. You reported that you had been back to work half-time, which was going okay. You indicated that you were still fatiguing easily, and had intermittent headaches and dizziness. It was recommended that you return to your sports medicine physician for follow-up.

Medical records from Dr. Brown reflect that you underwent vestibular testing on April 14, 2014, with normal results. There was no evidence of posttraumatic vestibulopathy or posttraumatic endolymphatic hydrops. Your hearing was also normal.

The next available medical records from Dr. Uppal is dated July 11, 2014, and reflects that you were seen for an annual physical exam. The review of systems was negative for myalgias or back pain, and positive for dizziness and depression. Dr. Uppal also noted your history of concussion and that your vertigo was due to the concussion. An examination of your back revealed normal range of motion and no tenderness. Dr. Uppal also noted that you were not nervous or anxious, and did not have insomnia.

Medical records from Dr. Chesnutt reflect that you first consulted him on September 9, 2014, for a concussion management plan. You reported suffering a head injury on February 19, 2014, when you were hit by a car while walking your dog. Your initial symptoms included neck pain,



headache, vertigo and dizziness. You reported that you attempted to return to work two weeks prior, but felt awful and went home. You felt nauseous, anxious, and fatigued while at work. You reported working about three hours each day for the past week. You were receiving massage therapy for neck issues. You reported that your daily function was mostly impacted by headaches, treated with massage and nonsteroidal anti-inflammatory drugs. You indicated that you had not received recent therapy for neck pain, and your dizziness and balance issues were episodic and mostly resolved. You reported still having issues with fatigue, some stress related dreams related to the accident, being more irritable, and feeling cognitively slow. You reported doing well working half-time. Dr. Chesnutt's assessment was post-concussion headache; cervical strain, initial encounter; and concussion. Dr. Chesnutt provided a referral for physical therapy and recommended that you take Aleve for pain and swelling.

You consulted Dr. Uppal on September 16, 2014, to follow up on your motor vehicle accident, headaches, and fatigue, and to discuss new medication. You indicated that you were followed by Dr. Chesnutt for post-concussion care, and were receiving physical therapy, occupational therapy, speech therapy, and massage therapy. You reported that craniosacral massage helped with your persistent headaches. You indicated that your headaches did not have any specific location and they were present almost daily. You indicated that Dr. Chesnutt mentioned that you should be on an antidepressant as your mood had been low, and you had reported frequent crying spells. You also reported gaining a significant amount of weight. Dr. Uppal's assessment was: reaction, adjustment, anxiety, and depressed mood; headache; neck muscle spasm; weight gain; and post-concussion syndrome. Dr. Uppal recommended that you seek counseling and he prescribed Cymbalta. You were to follow up in four weeks.

You followed up with Dr. Uppal on October 15, 2014. You reported that your mood had improved and you were able to work for a longer duration. You were exercising regularly, but still had episodes of tearfulness. You indicated that you had not been able to see a counselor, but were calling for an appointment. Dr. Uppal's assessment was adjustment reaction, and anxiety and depression, treated with Wellbutrin. You were to follow up in two months.

You followed up with Dr. Chesnutt on December 5, 2014, and reported that your headaches and neck pain were much better, but you were sore by the end of each workday. You reported that your vision was improving but your peripheral vision of the left eye was not as good. You reported less fatigue and that your sleep was generally good. Cognitively, you were doing well but still had some concentration and memory issues. Dr. Chesnutt's assessment was that your concussion was resolving slowly and you should continue with your current rehabilitation and restrictions. Dr. Chesnutt recommended a return visit if your symptoms worsened or failed to improve as anticipated.

You followed up with Dr. Uppal on December 12, 2014, for follow up on your medications. You reported feeling stable on your current medication and felt like you were closer to your baseline than you had been in the past. You reported being back at work, but that you had not made an appointment with a psychologist yet. You indicated that you had one meeting with a therapist but did not click. You continued to follow up with Dr. Chesnutt for post-concussion syndrome. Dr. Uppal noted that you had a normal mood and affect, and your behavior was normal. He advised

you again to follow up with a psychologist as this may help speed up your recovery. You were to follow up with Dr. Uppal as needed.

The most recent progress note from Dr. Uppal is dated March 2, 2015, and reflects that you reported that you had been working three quarters time. You indicated that you had been going to counseling for the past month, which had been helpful. You reported not feeling 100% and fatigued in the afternoons. You requested that Dr. Uppal complete paperwork to extend your part-time work. You reported that your prescription may have been interfering with your sleep and Dr. Uppal prescribed Trazodone. It is noted that you were to undergo neuropsychological testing the following month.

The most recent progress note from Dr. Chesnutt, dated March 3, 2015, reflects that you continued to report headaches. It was unclear whether the headaches were related to neck pain or fatigue. You reported that your neck pain improved with massage therapy once a week. You reported some sleep problems related to your medication, and cognitively felt like you were at 75% of baseline, and were not improving. You continued to work at a 75% schedule and were to be referred for a neuropsychological evaluation. Dr. Chesnutt's assessment was concussion, slow to resolve. You were to follow up if your symptoms worsened or failed to improve.

After reviewing the available medical records, the Physician Consultant indicated that the documentation supports that you were stable and closer back to baseline by December 2014. You continued to complain of slowed cognitive processing and were continuing to work at a three-quarter time schedule as an attorney. The Physician Consultant commented that neuropsychological testing had been ordered and recommended that we obtain copies of the testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and anxious September 2014 which may have contributed to your inability to return to full-time work.

In summary, the information in your claim file supports that you ceased work after being struck by a car on February 18, 2014. You were diagnosed with a concussion and also suffered from vertigo, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms. You had an unsuccessful attempt to return to work in April and May 2014 and ceased all work activity again as of May 15, 2014. You were able to return to part-time work as of August 4, 2014, and increased your work schedule to 75% of your full-time schedule.

You notified The Standard that you recently underwent a neuropsychological evaluation and the results of this evaluation supported that you should decrease your work activity to a 60% of full-time schedule. A copy of this neuropsychological evaluation has not been provided.

Available medical information was reviewed by a Physician Consultant who concluded that the documentation supports that you were stable and closer back to baseline by December 2014. The Physician Consultant recommended that we obtain copies of your neuropsychological testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that you became significantly depressed and

anxious September 2014, which may have contributed to your inability to return to full-time work.

In order to be eligible for LTD benefits you must be Disabled under the terms of the Group Policy. Therefore, as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to perform with reasonable continuity the Material Duties of your Own Occupation; or as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, you must be unable to earn 80% or more of your Indexed Predisability Earnings while working in your Own Occupation.

Without a copy of your recent neuropsychological evaluation supporting ongoing cognitive impairment, or medical records documenting that your depression and anxiety persisted beyond December 12, 2014, we do not have satisfactory written Proof Of Loss to support that you remain Disabled after your December 12, 2014 medical appointment with Dr. Uppal, at which point you were documented to be stable and closer to baseline.

Based on the information in your claim file we have concluded that you met the Definition of Disability as of February 19, 2014, and the documentation supports that you remained Disabled through December 12, 2014. As such, your LTD claim has been approved with benefits payable through December 12, 2014.

Benefits become payable after you have served a Benefit Waiting Period of 90 days. We have established February 19, 2014 as the date of Disability for your claim. Therefore, benefits became payable as of May 20, 2014.

Your LTD Benefit is 60% of your Predisability Earnings, reduced by Deductible Income described in the Group Policy. Your Predisability Earnings were \$9,791.68 (semi-monthly salary of \$4,895.84 x 2); therefore, your Maximum LTD Benefit is \$5,875.01 per month.

Information in your claim file reflects that you received salary continuation from your employer through July 31, 2014. This is considered Deductible Income and your LTD Benefit has been reduced by salary continuation paid to you through July 31, 2014.

Information in the claim file also reflects that you returned to part time work as of August 4, 2014. Work Earnings are considered Deductible Income, and LTD Benefits are reduced by your Work Earnings according to the formula described in the Group Policy.

A check has been issued to you under separate cover in the amount of \$15,038.11, for LTD Benefits due to you from May 20, 2014 through December 12, 2014.

Information in your claim file reflects that your employer paid your LTD premiums; therefore, your LTD Benefit is 100% taxable.

The Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Life Insurance Policy provides a benefit that continues your group life insurance without payment of

premium provided you meet the eligibility requirements. You must be unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience. We have determined that you do not qualify for this benefit beyond December 12, 2014, as we do not have documentation to support that medical condition prevents you from being gainfully employed. Please contact your employer to ensure that premium payments are made to continue this insurance coverage.

Your LTD claim has closed with our payment to you through December 12, 2014. If you want us to review the claim and this decision you must send us a written request within 180 days after you receive this letter. If you request a review, you will have the right to submit additional information in connection with the claim. Additional information that would be helpful for the review of your claim includes a copy of the neuropsychological testing report and therapy/counseling records supporting that you remain Disabled beyond December 12, 2014. Please include any such new information along with the request for review.

If you request a review, it will be conducted by an individual who was not involved in the original decision. If necessary, the person conducting the review will consult with a medical professional with regard to the claim. The medical professional will be someone who was not previously consulted in connection with the claim. The review would be completed within 45 days after we receive your request unless circumstances beyond our control require an extension of an additional 45 days.


If you request a review and the decision to deny this claim is upheld, you will have the right to file suit under Section 502(a) of the Employee Retirement Income Security Act (ERISA) or state law, whichever is applicable.

We want you to know that upon further investigation, other valid reasons for limiting or denying this claim, which have not been previously considered, could come to our attention. Therefore, The Standard reserves the right to consider and assert other reasons for limitation or denial of this claim should they occur in the future.

Please consult the Certificate of Insurance or Summary Plan document for a complete description of your rights under the terms of the Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP Group Policy.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

LT.WP.OT.1

## REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability following the Benefit Waiting Period, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
  - a. If you become insured again within 90 days.
  - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

LT.RE.OT.2

## DEFINITION OF DISABILITY

You are Disabled if you meet one of the following definitions during the period it applies:

- A. Own Occupation Definition Of Disability;
  - B. Any Occupation Definition Of Disability; or
  - C. Partial Disability Definition.
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

#### B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

#### C. Partial Disability Definition

During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you work in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings, in that occupation.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Your Own Occupation Period and Any Occupation Period are shown in the **Coverage Features**.

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### RETURN TO WORK PROVISIONS

#### A. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 24 months after that date, as follows:

1. During the first 24 months, your Work Earnings will be Deductible Income as determined in a., b. and c:



- a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
- b. Determine 100% of your Indexed Predisability Earnings.
- c. If a. is greater than b., the difference will be Deductible Income.

2. After those first 24 months, 50% of your Work Earnings will be Deductible Income.

**B. Work Earnings Definition**

Work Earnings means your gross monthly earnings from work you perform while Disabled.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

**C. Family Care Expenses Adjustment**

If you must pay Family Care Expenses in order to work, we will reduce the amount of the Work Earnings used in determining your Deductible Income, subject to the following:

1. Your Work Earnings will be reduced by the first \$300 per Family Member of the monthly Family Care Expenses you pay, but not to exceed a total of \$600 for all Family Members.
2. The Work Earnings and the Family Care Expenses must be for the same period.
3. You must give us satisfactory proof of the Family Care Expenses you pay.
4. The Work Earnings reduction by Family Care Expenses will end 24 months after it begins.

Family Care Expenses means the amount you pay to a licensed care provider for the care of your Family which is necessary in order for you to work.

Family Member means:

1. Your Child; or
2. Your Spouse, parent, grandparent, sibling, or other close family member residing in your home who is:

## DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) paid to you by your Employer, if it exceeds the amount found in a., b., and c.
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your sick pay or other salary continuation to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
  - a. A workers' compensation law;
  - b. The Jones Act;
  - c. Maritime Doctrine of Maintenance, Wages, or Cure;
  - d. Longshoremen's and Harbor Worker's Act; or
  - e. Any similar act or law.
4. Any amount you, your Spouse, or your child under age 18 receive or are eligible to receive because of your disability or retirement under:
  - a. The Federal Social Security Act;
  - b. The Canada Pension Plan;
  - c. The Quebec Pension Plan;
  - d. The Railroad Retirement Act; or
  - e. Any similar plan or act.

Full offset: Both the primary benefit (the benefit awarded to you) and dependents benefit are Deductible Income.

Benefits your Spouse or a child receives or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence. The term "child" has the meaning given in the applicable plan or act.
5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.
7. Any disability or retirement benefits you receive under your Employer's retirement plan.
8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.
10. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgment, settlement or other method. If you notify us before filing suit or



settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.

11. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

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### **EXCEPTIONS TO DEDUCTIBLE INCOME**

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated death benefits paid under a life insurance policy.
8. Benefits from the following:
  - a. Profit sharing plan.
  - b. Thrift or savings plan.
  - c. Deferred compensation plan.
  - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
  - e. Individual Retirement Account (IRA).
  - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
  - g. Stock ownership plan.
  - h. Keogh (HR-10) plan.
9. The following amounts under your Employer's retirement plan:
  - a. A lump sum distribution of your entire interest in the plan.
  - b. Any amount which is attributable to your contributions to the plan.
  - c. Any amount you could have received upon termination of employment without being disabled or retired.

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### **RULES FOR DEDUCTIBLE INCOME**

#### **A. Monthly Equivalents**

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

**B. Your Duty To Pursue Deductible Income**

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

**C. Pending Deductible Income**

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

**D. Overpayment Of Claim**

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

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**SUBROGATION**

If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits, and such notice shall constitute a lien on any judgment recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

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**ADDITIONAL BENEFITS FOR THE SEVERELY DISABLED****A. Assisted Living Benefit**

If you meet the requirements in 1 through 3 below, we will pay Assisted Living Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

**Assisted Living Benefit Requirements**

1. You are Disabled and LTD Benefits are payable to you.
2. While you are Disabled:
  - a. You, due to loss of functional capacity as a result of Physical Disease or Injury, become unable to safely and completely perform two or more Activities Of Daily Living without Hands-on Assistance or Standby Assistance; or

## CLAIMS

### A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

### B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

### C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

### D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

### E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

### F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Benefit. If no Survivors Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

### G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

## New Claim Decision

Claimant name: Bethany Coleman-Fire

Claim number 00VW3181

Analyst Recommendation: ☐ Approve ☒ Pay/Close ☐ Denial

## Claimant Overview:

(Include: Age, Sex, Dates of claimed disability, Diagnosis.)

31 year old female associate attorney who ceased work February 18, 2014, and was struck by a car on February 19, 2014. Dx: concussion, depression, anxiety, whiplash, and post-concussion syndrome. Disability Date: February 19, 2014.

## Coverage Features:

Include: Any pre-ex issues or other coverage details requiring further explanation

Date of Hire: 6/1/13  
Insurance Effective Date: 6/1/13

No

If contributory coverage:

EOI required? Yes No

Life: Yes No N/A

Rescission Investigation required? Yes

Preex: 90/12. Preex investigation did not reveal that Ms. Coleman-Fire's Disability was caused or contributed to by a Preexisting Condition.

## Vocational:

(Summarize specific material duties relevant to claimed impairment. Include other vocational factors impacting decision, if appropriate.)

Ms. Coleman-Fire attempted to return to part time work in April and May 2014, but ceased all work activity by May 14, 2014. She has been consistently working in a part time capacity since August 4, 2014.

## Medical:

(Summarize the claimants reported symptoms, key facts, and conclusions considered in your assessment of the claimant's limitations and restrictions. Address competency issues.)

Ms. Coleman-Fire indicated on her initial claim form that she was hit by a car while walking her dog on February 19, 2014. She reported that she was unable to work due to concussion, depression, anxiety, whiplash, and post-concussion syndrome. She described her symptoms as headaches, fatigue, neck and back pain, sleeplessness, and anxiety.

And Attending Physician Statement completed by Dr. Uppal, dated December 30, 2014, reflects a diagnosis of concussion and motor vehicle accident. Other diagnoses include anxiety and depression, vertigo, soft tissue injury, and adjustment reaction. Symptoms are described as memory and attention deficit, fatigue, and musculoskeletal complaints. Dr. Uppal noted that Ms. Coleman-Fire could work with accommodations. He expected her impairment to last approximately 3 months, but possibly longer. He noted that Ms. Coleman-Fire could work 75% of her normal workload and should be excused for physical therapy, office visits, and counseling, once or twice per week for the next three months.

In order to obtain a better understanding of Ms. Coleman-Fire's medical condition and any ongoing limitations or restrictions she may have, we requested copies of her medical records from Dr. Uppal, internal medicine; Dr. Chesnutt, sports medicine; Dr. Brown, neurologist; Dr. Ellison, neurologist; and Legacy Emanuel Hospital. Upon receipt of Ms. Coleman-Fire's medical records her claim file was referred to a Physician Consultant, board certified in psychiatry and neurology, for review and comment.

The medical records reflect that Ms. Coleman-Fire consulted Dr. Uppal on February 20, 2014. She reported that she was walking her dog the prior evening and was hit by a car going full speed. She indicated that she hit her head on the windshield, flew 20 feet up in the air, and then fell on the pavement hitting her head again. She reported no loss of consciousness and was taken to Emanuel Hospital by EMT. It is noted that Ms. Coleman-Fire suffered soft tissue injuries but no other injuries were found. A CT of the head was negative. She had myalgias which were generalized, and a laceration on her scalp. She also reported having vertigo and headache. She reported feeling sore everywhere with tightened muscles, and when she stood up, turned her head or moved, she had worsening vertigo with nausea. Dr. Uppal's assessment was concussion, vertigo, motor vehicle accident, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms. She was prescribed Tylenol and Flexeril for myalgias and was referred for physical therapy and massage therapy.

Medical records from Dr. Ellison reflect that Ms. Coleman-Fire was referred by Dr. Uppal for her complaints of headaches and dizziness, post concussion. Ms. Coleman-Fire saw Dr. Ellison on March 3, 2014, and recounted the accident, indicating that she did not remember all of the events. Dr. Ellison commented that she may have had a short time out of consciousness. Ms. Coleman-Fire reported that her vertigo was gone but she still

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## New Claim Decision

woke a little dizzy. She indicated that her nausea was minimal. She reported persistent mild, dull headaches all of the time, but that she did not need medication for her headaches. She reported tingling and numbness in her cheek for the past four days, on and off. She indicated that physical therapy was helping with her cervical strain. She also reported feeling fatigued, sleeping a lot, and had not been back to work. Dr. Ellison noted that a CT of the brain was normal and C-spine x-rays were also normal. Dr. Ellison's impression was: post head trauma/post-concussion symptoms; posttraumatic headache; nausea, ongoing and mild; history of the ptosis, left eye, which is worse after the head trauma; cervical strain; right facial paresthesias, intermittent and mild. Dr. Ellison recommended a follow up in one month.

A physical therapy note, dated March 19, 2014, reflects that Ms. Coleman-Fire reported intermittent dizziness and neck discomfort, which had been slowly improving. She indicated that she attempted to return to work the prior week but became dizzy and had increased headaches after only written minutes. A follow-up physical therapy note, dated April 9, 2014, reflects that Ms. Coleman-Fire was discharged from care as she had met her goals. The progress note reflects that Ms. Coleman-Fire's neck discomfort was intermittent and mild, and she had full range of motion in her cervical spine, with only slight discomfort produced. It is noted that she had dizziness with cervical flexion and mild hypertonicity in the left cervical paraspinals and right suboccipitals. It is noted that Ms. Coleman-Fire's vertigo had been eliminated, but she continued to have intermittent light-headedness and headaches, which was likely post-concussive. Ms. Coleman-Fire reported that she been back to work half-time, which was going okay. She indicated that she was still fatiguing easily, and had intermittent headaches and dizziness. It was recommended that Ms. Coleman-Fire return to her sports medicine physician for follow-up.

Medical records from Dr. Brown reflect that Ms. Coleman-Fire underwent vestibular testing on April 14, 2014, with normal results. There was no evidence of posttraumatic vestibulopathy or posttraumatic endolymphatic hydrops. Her hearing was also normal.

The next available medical records from Dr. Uppal is dated July 11, 2014, and reflects that Ms. Coleman-Fire was seen for an annual physical exam. The review of systems was negative for myalgias or back pain, and was positive for dizziness and depression. Dr. Uppal also noted Ms. Coleman-Fire's history of concussion and that her vertigo was due to the concussion. An examination of Ms. Coleman-Fire's back revealed normal range of motion and no tenderness. Dr. Uppal also noted that Ms. Coleman-Fire was not nervous or anxious, and did not have insomnia.

Medical records from Dr. Chesnutt reflect that Ms. Coleman-Fire first consulted him on September 9, 2014, for a concussion management plan. She reported suffering a head injury on February 19, 2014, when she was hit by a car while walking her dog. Her initial symptoms included neck pain, headache, vertigo and dizziness. She reported that she attempted to return to work two weeks prior, but felt awful and went home. She felt nauseous, anxious, and fatigued while at work. She reported working about three hours each day for the past week. She was receiving massage therapy for neck issues. Ms. Coleman-Fire reported that her daily function was mostly impacted by headaches, treated with massage and nonsteroidal anti-inflammatory drugs. She indicated that she had not received recent therapy for neck pain, and her dizziness and balance issues were episodic and mostly resolved. She reported still having issues with fatigue, some stress related dreams related to the accident, being more irritable, and feeling cognitively slow. She reported doing well working half-time. Dr. Chesnutt's assessment was post-concussion headache; cervical strain, initial encounter; and concussion. Dr. Chesnutt provided a referral for physical therapy and recommended that Ms. Coleman-Fire take Aleve for pain and swelling.

Ms. Coleman-Fire consulted Dr. Uppal on September 16, 2014, to follow up on her motor vehicle accident, headaches, and fatigue, and to discuss new medication. She indicated that she was followed by Dr. Chesnutt for post-concussion care, and was receiving physical therapy, occupational therapy, speech therapy, and massage therapy. She reported that craniosacral massage helped with her persistent headaches. She indicated

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## New Claim Decision

that her headaches do not have any specific location and they are present almost daily. She indicated that Dr. Chesnutt mentioned that she should be on an antidepressant as her mood has been low, and she had reported frequent crying spells. She also reported gaining a significant amount of weight. Dr. Uppal's assessment was: reaction, adjustment, anxiety, and depressed mood; headache; neck muscle spasm; weight gain; and post-concussion syndrome. Dr. Uppal recommended that Ms. Coleman-Fire seek counseling and he prescribed Cymbalta. She was to follow up in four weeks.

Ms. Coleman-Fire followed up with Dr. Uppal on October 15, 2014. She reported that her mood had improved and she was able to work for a longer duration. She was exercising regularly, but still had episodes of tearfulness. She indicated that she had not been able to see a counselor, but was calling for an appointment. Dr. Uppal's assessment was adjustment reaction, and anxiety and depression, treated with Wellbutrin. Ms. Coleman-Fire was to follow up in two months.

Ms. Coleman-Fire followed up with Dr. Chesnutt on December 5, 2014, and reported that her headaches and neck pain were much better, but she was sore by the end of each workday. She reported that her vision was improving but her peripheral vision of the left eye was not as good. She reported less fatigue and that her sleep was generally good. Cognitively, she was doing well but still had some concentration and memory issues. Dr. Chesnutt's assessment was that Ms. Coleman-Fire's concussion was resolving slowly and she should continue with her current rehabilitation and restrictions. Dr. Chesnutt recommended a return visit if her symptoms worsened or failed to improve as anticipated.

Ms. Coleman-Fire followed up with Dr. Uppal on December 12, 2014, for follow up on her medications. She reported feeling stable on her current medication and felt like she was closer to her baseline than she had been in the past. She reported being back work, but that she had not made an appointment with a psychologist yet. She indicated that she had one meeting with a therapist but they did not click. She continued to follow up with Dr. Chesnutt for post-concussion syndrome. Dr. Uppal noted that Ms. Coleman-Fire had a normal mood and affect, and her behavior was normal. He advised her again to follow up with a psychologist as this may help speed up her recovery. She was to follow up with Dr. Uppal as needed.

The most recent progress note from Dr. Uppal is dated March 2, 2015, and reflects that Ms. Coleman-Fire reported that she had been working three quarters time. She indicated that she had been going to counseling for the past month, which had been helpful. She reported not feeling 100% and fatigued in the afternoons. She requested that Dr. Uppal complete paperwork to extend her part-time work. She reported that her prescription may have been interfering with her sleep and Dr. Uppal prescribed Trazodone. It is noted that Ms. Coleman-Fire was to undergo neuropsychological testing the following month.

The most recent progress note from Dr. Chesnutt, dated March 3, 2015, reflects that Ms. Coleman-Fire continued to report headaches. It was unclear whether the headaches were related to neck pain or fatigue. She reported that her neck pain improved with massage therapy once a week. She reported some sleep problems related to her medication, and cognitively felt like she was at 75% of baseline, and was not improving. She continued to work at a 75% schedule and was to be referred for a neuropsychological evaluation. Dr. Chesnutt's assessment was concussion, slow to resolve. Ms. Coleman-Fire was to follow up if her symptoms worsened or failed to improve.

After reviewing the available medical records, the Physician Consultant indicated that the documentation supports that Ms. Coleman-Fire was stable and closer back to baseline by December 2014. She continued to complain of slowed cognitive processing and was continuing to work at a three-quarter time schedule as an attorney. The Physician Consultant commented that neuropsychological testing had been ordered and recommended that we obtain copies of the testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that Ms. Coleman-Fire became significantly depressed and anxious September 2014 which may have contributed to her inability to return to full-time work.

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## New Claim Decision

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Financial:</b><br>(Describe offsets affecting initial payments. PDE will be covered in separate memo, but discuss if relevant to claim decision.)                                                                                        | See financial section for PDE calc.<br>Salary continuation and Work Earnings offsets documented in financial section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Contractual/Other:</b><br>(Describe contractual or other issues impacting claim decision that do not fall under above categories, including Life Waiver, policy limitations and ancillary plan benefits (HAB, ALB, PB, etc.) considered) | 90 day BWP<br>60% Benefit<br>\$100 minimum benefit<br>Own Occ to MBP<br>MBP to SSNRA<br><br>Proof Of Loss: Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.<br><br>For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.<br><br>Documentation: Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Decision:</b><br>(Please provide a clear and detailed analysis of whether the claimant meets the policy's definition of Definition of Disability.)                                                                                       | <p>Ms. Coleman-Fire ceased work February 19, 2014 after being struck by a car on February 18, 2014. She was diagnosed with a concussion and also suffered from vertigo, nausea, soft tissue injury, neck sprain and strain, and paraspinal muscle spasms. She had an unsuccessful attempt to return to work in April and May 2014 and ceased all work activity again as of May 15, 2014. Ms. Coleman-Fire was able to return to part-time work as of August 4, 2014, and increased her work schedule to 75% of her full-time schedule.</p> <p>Ms. Coleman-Fire notified us that she recently underwent a neuropsychological evaluation and the results of this evaluation supported that she should decrease her work activity to a 60% of full-time schedule. A copy of this neuropsychological evaluation has not been provided.</p> <p>Available medical information was reviewed by a Physician Consultant who concluded that the documentation supports that Ms. Coleman-Fire was stable and closer back to baseline by December 2014. She continued to complain of slowed cognitive processing, and neuropsychological testing had been ordered. The Physician Consultant recommended that we obtain copies of the testing to determine if cognitive limitations and restrictions persist. The Physician Consultant also commented that the medical records reflect that Ms. Coleman-Fire became significantly depressed and anxious September 2014, which may have contributed to her inability to return to full-time work.</p> <p>In order to be eligible for LTD benefits Ms. Coleman-Fire must be Disabled under the terms of the Group Policy. Therefore, as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, Ms. Coleman-Fire must be unable to perform with reasonable continuity the Material Duties of her Own Occupation; or as a result of a Physical Disease, Injury, Pregnancy or Mental Disorder, she must be unable to earn 80% or more of her Indexed Predisability Earnings while working in her Own Occupation.</p> <p>Without a copy of Ms. Coleman-Fire's recent neuropsychological evaluation supporting ongoing cognitive impairment, or medical records documenting that her depression and anxiety persisted beyond December 12, 2014, we do not have satisfactory written Proof Of Loss to support that Ms. Coleman-Fire remained Disabled after her December 12, 2014 medical appointment with Dr. Uppal, at which point she is documented to be and closer to baseline.</p> |

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## New Claim Decision

I recommend approval of Ms. Coleman-Fire's LTD claim with a Disability date of February 19, 2014, with benefits payable through December 12, 2014. Ms. Coleman-Fire will be given the opportunity to submit a copy of her neuropsychological evaluation and any other medical documentation to support that she remains Disabled under the terms of the Group Policy beyond December 12, 2014.

*I also recommend approval of the LWOP claim through 12/12/14. ns*

*LWOP  
approved  
close*

Signature:

*nsingh*

Analyst Signature\*

Date

*6/29/15*

## Claim Information Accurate

- | LT1                                 | LT2                      | PB                       | OP                       |                                                                                                                                                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Predisability Earnings Calculation (worksheet completed and in file)                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Claim Screen                                                                                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overrides <input checked="" type="checkbox"/> N/A                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checked BDOX                                                                                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manual Reserve Calculation: \$ _____ x _____ mos. = _____ Code: _____ <input type="checkbox"/> N/A                                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RTD/MRD cleared to allow initial benefit payment <input type="checkbox"/> N/A                                                                            |
| <input checked="" type="checkbox"/> |                          |                          |                          | 5 mo RTD <input type="checkbox"/> 9 mo MRD† <input type="checkbox"/> 14 mo RTD <input type="checkbox"/> 18 mo MRD† (†requires approver signature, below) |
| <input type="checkbox"/>            |                          |                          |                          | Life Waiver of Premium decision rendered or included in CMP if pending. (Requires referral to LTD/LWOP team.) <input type="checkbox"/> N/A               |
| <input checked="" type="checkbox"/> |                          |                          |                          | Member Screen                                                                                                                                            |
| <input type="checkbox"/>            |                          |                          |                          | DOB Youngest Child: _____ <input checked="" type="checkbox"/> Confirmed no eligible dependents and/or NA as not deductible per contract                  |
| <input checked="" type="checkbox"/> |                          |                          |                          | Offsets (validated) <i>Please deny SD estimate in Proclaim.</i>                                                                                          |
| <input type="checkbox"/>            |                          |                          |                          | Decision letter prepared or 3650 requested <i>FICA + ME extended</i>                                                                                     |
| <input type="checkbox"/>            |                          |                          |                          | Claim Management Plan complete and Diary Events added <i>TOW for ER</i>                                                                                  |

\* Signatures above and below include acknowledgement that claim and policy data on Claim Overview verified as accurate.

Approver's  
Notes:

*5 mo RTD cleared*

Signature:

*Laura Smith*

Approver Signature\*

Date

*6/30/15*



## **Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Wednesday, June 17, 2015 9:21 AM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Following up

Hi Bethany,

Thank you for your voicemail left yesterday evening. We have not received the report from OHSU, but the address you provided is correct. We typically ask that you use our PO Box for mailing information, but we still receive mail sent to the street address. I don't know why we have not received the report from OHSU if it was sent on May 22<sup>nd</sup>. For future use, please send correspondence to my attention at: PO Box 2800, Portland OR 97208-9929.

Thank you,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

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**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Monday, June 15, 2015 9:56 AM  
**To:** Necole Suzuki  
**Subject:** Re: Following up

Hi Necole -

I just left you a voicemail. I don't mean to be coming off as irritated. I'm just trying to figure out timelines and was under the impression that we were within a two-three week time frame as of the 18th.

I will be glad to get you the neuropsych evaluation letter. I was under the impression that OHSU was sending you a letter directly. I'm surprised you haven't received it. I will scan it this evening it or first thing tomorrow morning and email it to you. I have spoken with my employer and will be going from a 75% schedule to a 60% schedule at my doctors' recommendation to accommodate more successful completion of my occupational therapy program - which under my current work schedule I am struggling to find time for. All of this is described in the letter. As I mentioned in my email, I hope this isn't holding anything up. In our last conversation, you indicated this would not be a component of the determination of coverage unless there was a negative determination, in order to facilitate a speedier determination. In any case, I will get it to you as quickly as possible.

Thanks again for your help through the process. As I'm sure you can imagine, this is all foreign to me and pretty stressful. I appreciate your insights and patience as I am learning. It's a lot to take in and keep track of and there just don't seem to be enough hours in the day!

Regards,

Bethany

On Mon, Jun 15, 2015 at 9:37 AM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

We didn't receive your complete medical records until mid-May and your file was referred to our medical department May 18<sup>th</sup>. I expect that the medical review will be completed very soon and will follow up with our medical department for the status of the review. On May 26<sup>th</sup>, you indicated that you recently underwent a neuropsychological evaluation, and would be providing The Standard with a copy of the report to assist us in understanding your current level of impairment. We have not received the report. If you want us to consider that information in our review, please send us a copy at your earliest convenience.

Thank you,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**

The Standard

Standard Insurance Company

900 SW Fifth Avenue | Portland, OR 97204

Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)

[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]

**Sent:** Monday, June 15, 2015 8:47 AM

**To:** Necole Suzuki

**Subject:** Following up

Hi Necole,

The claims process is taking a very long time. It was supposed to take a couple of weeks back in April. It is now mid-June. Your people have had all of the medical records for over a month. This is becoming a serious hardship. Please let me know ASAP what is going on. I am extremely concerned.

Thanks,

Bethany

--

Bethany Coleman-Fire  
503-317-8898  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Monday, June 15, 2015 9:38 AM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Following up

Hi Bethany,

We didn't receive your complete medical records until mid-May and your file was referred to our medical department May 18<sup>th</sup>. I expect that the medical review will be completed very soon and will follow up with our medical department for the status of the review. On May 26<sup>th</sup>, you indicated that you recently underwent a neuropsychological evaluation, and would be providing The Standard with a copy of the report to assist us in understanding your current level of impairment. We have not received the report. If you want us to consider that information in our review, please send us a copy at your earliest convenience.

Thank you,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

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**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Monday, June 15, 2015 8:47 AM  
**To:** Necole Suzuki  
**Subject:** Following up

Hi Necole,

The claims process is taking a very long time. It was supposed to take a couple of weeks back in April. It is now mid-June. Your people have had all of the medical records for over a month. This is becoming a serious hardship. Please let me know ASAP what is going on. I am extremely concerned.

Thanks,

Bethany

From the desk of: Necole Suzuki

5/26/2015 2:32 PM

Re: BETHANY COLEMAN-FIRE  
Member SS#: xxx-xx-xxxx  
Claim #: 00VW3181

Policyholder: PROFESSIONAL SERVICES EMPLOYER  
Group ID#: 10010415  
Policy #: 445474

Voicemail from Ms. Coleman-Fire. She indicated that there may be a change to her work schedule. Please call 503-320-9564.

Telephone call to Ms. Coleman-Fire. She indicated that she recently underwent a neuropsychological exam and the results of the exam where that she is to reduce her work schedule to 60%. She does not know if her employer is willing to accommodate this reduction but she will let me know. She asked what kind of information we will need from her. I told Ms. Coleman-Fire that she will need to let us know when her new schedule becomes effective and what her new compensation will be.

I also asked Ms. Coleman-Fire to provide The Standard with a copy of the neuropsychological evaluation when it becomes available. She indicated that she asked the neuropsychologist to draft a cover letter to The Standard and to provide a copy directly to our address. She asked that I let her know if we do not receive the report as we should receive it next week.

I told Ms. Coleman-Fire that her file is currently with the medical department and that I should receive the file back in the next couple of weeks. I told her that if I was unable to make a favorable decision based on what is already in the claim file it may be helpful to have a copy of the neuropsychological evaluation. I told her that I would contact her if we did not receive a copy.

Ms. Coleman-Fire indicated that she will contact me after she meets with her employer to discuss the change in her work schedule. I told her I would contact her when her file is returned from the medical department.



TheStandard®

May 19, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing to follow up on the status of our review of your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard).

As indicated in our prior correspondence to you, additional information was needed from your medical providers for the review of your LTD claim. We received the requested information and your claim file has been referred to our medical department for review.

Because of the complexity of the issues surrounding your claim and because we have not received the results of the medical file review, we are unable to complete our review at this time. We are therefore extending the time to decide the claim by an additional 30 days. We anticipate that we will be able to complete our review within the 30-day extension period, by June 17, 2015, if not earlier.

We will keep you informed regarding the progress of our review. Thank you for your continued cooperation and patience. If you have any questions, please contact our office.

Sincerely,



Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 450 of 1248**

STND 18-03985-000450

**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Monday, May 18, 2015 10:25 AM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Update on OHSU documents

Hi Bethany,

I was out of the office for the latter part of last week. We have received your medical records and I have referred your file to our medical department for review. I will notify you when your file has been returned.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]  
**Sent:** Tuesday, May 12, 2015 11:01 AM  
**To:** Sharon Oliver; Necole Suzuki  
**Subject:** Update on OHSU documents

Hi Sharon and Necole -

Please let me know when you have received my OHSU documents. If you haven't received them today, I will arrange for them to be released to me and I can deliver them directly to Standard Insurance. Alternately, OHSU tells me they are sending the documents to [providers@releasepoint.com](mailto:providers@releasepoint.com). Please let me or OHSU know if there is a different address to which they can send the documents if this is no longer a good address.

Thanks,

Bethany

--

Bethany Coleman-Fire  
503-317-8898  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

## Necole Suzuki

---

**From:** Bethany Coleman-Fire <bethany.coleman@gmail.com>  
**Sent:** Monday, May 11, 2015 3:51 PM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Awesome. Thanks.

On Mon, May 11, 2015 at 3:44 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

We contacted Release Point and they have left a message for the copy service to call them. If they do not receive the records and do not receive a call back today, they will call again the first thing tomorrow morning.

Once I receive your records, your claim file will be referred to our medical department for review. This review can take a couple of weeks or so, but because your claim is pending, it will take priority over other claim reviews. I will keep you posted.

Thank you for your patience.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Monday, May 11, 2015 3:29 PM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Hi Necole -



I just heard from the invoicing department at OHSU. They emailed the entire file on April 17, 2015 to [providers@releasepoint.com](mailto:providers@releasepoint.com). They are re-emailing the file now and the file should be received in the next 5 minutes. Can you give me a sense of how long it will take to process the claim now that Release Point has all of the records? Also, if Standard is not able to access the records today or tomorrow, please let me know. I will have the records released to me and fax them to you directly. I want to make sure this process is moving as quickly as absolutely possible. It is becoming less financially feasible to wait for me and my family.

Thanks,

B

On Mon, May 11, 2015 at 3:08 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

I think what has happened is that OHSU released your medical file to their copy service on April 16<sup>th</sup>. On April 20<sup>th</sup>, their copy service contacted Release Point for prepayment. On April 21, 2015, Release Point gave the copy service the \$30.00 payment requested. I'm not sure why the records haven't been released by the copy service yet, but we are following up with Release Point for a status update.

I will let you know as soon as we receive the records.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
 The Standard  
 Standard Insurance Company  
 900 SW Fifth Avenue | Portland, OR 97204  
 Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]

**Sent:** Monday, May 11, 2015 9:34 AM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Hi Necole -

Thanks for your call. I just called OHSU. According to their records, they released the Dr. Chestnut records back on April 16, 2015. I have a call in to the actual copier to find out where they were sent but it sounds like Release Point or Standard doesn't have them uploaded. I'm starting to feel like this is taking a really long time. What do we need to do to get this moving on a faster track?

Thanks,

B

On Thu, Apr 16, 2015 at 3:27 PM, Bethany Coleman-Fire <[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)> wrote:

Okay, thanks.

On Thu, Apr 16, 2015 at 3:26 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

It really depends on how long it takes for the medical providers to release your medical records. Once we receive the information requested, it will take a couple weeks for our medical department to complete their review of your records.

I will let you know if we run into any problems obtaining your records.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Thursday, April 16, 2015 3:25 PM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Last question for the day:

Any estimates on processing time for the claim at this point?

Thanks,

B

On Thu, Apr 16, 2015 at 3:21 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Ok, thanks!

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Thursday, April 16, 2015 3:20 PM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Works for me. Thanks again. I'm faxing the preexisting condition form over to you now.

On Thu, Apr 16, 2015 at 3:13 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

We will request the records using the release we already have. If the medical offices want you to complete a different release form, I will ask Release Point to email you rather than mailing the form to you.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

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**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]  
**Sent:** Thursday, April 16, 2015 3:12 PM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Okay. I assume you need separate releases for them. I seem to do better when I get the release requests by email rather than hard copy - easier for me to keep track of. If you do need a release, if you could send it to my email, that would be easier and I can respond more quickly.

Thanks,

B

P.S. One of the major challenges I have had post accident is keeping all of this straight. I really appreciate your patience and assistance as we go through this process. I hope it hasn't been too frustrating for you.

On Thu, Apr 16, 2015 at 3:09 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

I found the attachment with Dr. Brown and Dr. Ellison's contact information noted. I previously missed this as well, and will get a request for records sent out to their offices.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)  
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-----Original Message-----

From: [p1grp034@standard.com](mailto:p1grp034@standard.com) [mailto:[p1grp034@standard.com](mailto:p1grp034@standard.com)]  
Sent: Thursday, April 16, 2015 12:04 PM  
To: Necole Suzuki  
Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 15:03:36 (-0400)  
Queries to: [p1grp034@standard.com](mailto:p1grp034@standard.com)

--

Bethany Coleman-Fire  
[503-317-8898](tel:503-317-8898)  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

--

Bethany Coleman-Fire  
[503-317-8898](tel:503-317-8898)  
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Bethany Coleman-Fire  
503-317-8898  
Bethany.coleman@gmail.com

## Necole Suzuki

---

**From:** Kath McGrath  
**Sent:** Monday, May 11, 2015 3:40 PM  
**To:** Necole Suzuki  
**Subject:** FW: FW: Claim No. 00VW3181

---

**From:** Theresa Curran [mailto:tcurran@releasepoint.com]  
**Sent:** Monday, May 11, 2015 3:39 PM  
**To:** Kath McGrath  
**Subject:** Re: FW: Claim No. 00VW3181

Hi Kath,

I called the copy service but it went straight to voice mail. I left a message requesting a status call asap. I also opened an istat for you with your email so you'll get updates from other people, not just me. Last but not least, I made a sticky note and put it on my monitor. If you're like me, you know those are the really important orders lol!. I'll call the copy service again first thing in the morning if I don't hear back from them and update you again.

Thanks and have a great day!

Theresa

THERESA CURRAN  
CUSTOMER SERVICE REPRESENTATIVE  
Release Point VOICE - (800) 999-9589 Ext. 212  
FAX: 1-626-498-1756

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---

**From:** Kath McGrath [mailto:Kath.McGrath@standard.com]  
**To:** tcurran@releasepoint.com [mailto:tcurran@releasepoint.com]  
**Sent:** Mon, 11 May 2015 15:32:01 -0800  
**Subject:** FW: Claim No. 00VW3181

Hi Theresa,

Thanks for speaking to me this afternoon. This was the file I was asking about. Please let me know the status. **EXHIBIT 1**

**PART 1 of 2**

**Page 459 of 1248**

Thanks,  
Kath

**Kathleen McGrath | Disability Claims Assistant**

The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.6946 | Fax 503.796.5972  
[Kath.McGrath@standard.com](mailto:Kath.McGrath@standard.com) | [www.standard.com](http://www.standard.com)

**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]

**Sent:** Monday, May 11, 2015 3:29 PM

**To:** Necole Suzuki

**Subject:** Re: Claim No. 00VW3181

Hi Necole -

I just heard from the invoicing department at OHSU. They emailed the entire file on April 17, 2015 to [providers@releasepoint.com](mailto:providers@releasepoint.com). They are re-emailing the file now and the file should be received in the next 5 minutes. Can you give me a sense of how long it will take to process the claim now that Release Point has all of the records? Also, if Standard is not able to access the records today or tomorrow, please let me know. I will have the records released to me and fax them to you directly. I want to make sure this process is moving as quickly as absolutely possible. It is becoming less financially feasible to wait for me and my family.

Thanks,

B



## Necole Suzuki

---

**From:** Necole Suzuki  
**Sent:** Monday, May 11, 2015 3:08 PM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Claim No. 00VW3181

Hi Bethany,

I think what has happened is that OHSU released your medical file to their copy service on April 16<sup>th</sup>. On April 20<sup>th</sup>, their copy service contacted Release Point for prepayment. On April 21, 2015, Release Point gave the copy service the \$30.00 payment requested. I'm not sure why the records haven't been released by the copy service yet, but we are following up with Release Point for a status update.

I will let you know as soon as we receive the records.

Thanks,

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

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**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Monday, May 11, 2015 9:34 AM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Hi Necole -

Thanks for your call. I just called OHSU. According to their records, they released the Dr. Chestnut records back on April 16, 2015. I have a call in to the actual copier to find out where they were sent but it sounds like Release Point or Standard doesn't have them uploaded. I'm starting to feel like this is taking a really long time. What do we need to do to get this moving on a faster track?

Thanks,

B

On Thu, Apr 16, 2015 at 3:27 PM, Bethany Coleman-Fire <bethany.coleman@gmail.com> wrote:

Okay, thanks.

On Thu, Apr 16, 2015 at 3:26 PM, Necole Suzuki <Necole.Suzuki@standard.com> wrote:

It really depends on how long it takes for the medical providers to release your medical records. Once we receive the information requested, it will take a couple weeks for our medical department to complete their review of your records.

I will let you know if we run into any problems obtaining your records.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:bethany.coleman@gmail.com]  
**Sent:** Thursday, April 16, 2015 3:25 PM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Last question for the day:

Any estimates on processing time for the claim at this point?

Thanks,

B

On Thu, Apr 16, 2015 at 3:21 PM, Necole Suzuki <Necole.Suzuki@standard.com> wrote:

Ok, thanks!

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 462 of 1248**

Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Thursday, April 16, 2015 3:20 PM

**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Works for me. Thanks again. I'm faxing the preexisting condition form over to you now.

On Thu, Apr 16, 2015 at 3:13 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

We will request the records using the release we already have. If the medical offices want you to complete a different release form, I will ask Release Point to email you rather than mailing the form to you.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
necole.feuerstein@standard.com | www.standard.com

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [mailto:[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com)]  
**Sent:** Thursday, April 16, 2015 3:12 PM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Okay. I assume you need separate releases for them. I seem to do better when I get the release requests by email rather than hard copy - easier for me to keep track of. If you do need a release, if you could send it to my email, that would be easier and I can respond more quickly.

Thanks,

B

P.S. One of the major challenges I have had post accident is keeping all of this straight. I really appreciate your patience and assistance as we go through this process. I hope it hasn't been too frustrating for you.

On Thu, Apr 16, 2015 at 3:09 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

I found the attachment with Dr. Brown and Dr. Ellison's contact information noted. I previously missed this as well, and will get a request for records sent out to their offices.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)  
Ensure a sustainable future - only print when necessary.

-----Original Message-----

From: [p1grp034@standard.com](mailto:p1grp034@standard.com) [mailto:[p1grp034@standard.com](mailto:p1grp034@standard.com)]  
Sent: Thursday, April 16, 2015 12:04 PM  
To: Necole Suzuki  
Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 15:03:36 (-0400)  
Queries to: [p1grp034@standard.com](mailto:p1grp034@standard.com)

--  
  
Bethany Coleman-Fire  
[503-317-8898](tel:503-317-8898)  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

--

Bethany Coleman-Fire  
503-317-8898  
Bethany.coleman@gmail.com

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Bethany.coleman@gmail.com

--

Bethany Coleman-Fire  
503-317-8898  
Bethany.coleman@gmail.com

## Request Details for RP Number 2185398

### Order Information

**Current Status:** In Process  
**Order Date:** 02/04/2015  
**Complete Date:**  
**Client:** CCC  
**Requested By:** KM:Necole  
**Special Attention:** - Seen By: Dr. Jim Chestnut Request faxed on 3/4. Need update please.  
**Scope:** From February 1, 2012 to Present

### Patient Information

**Name:** COLEMAN-FIRE, BETHANY  
**DOB:** [REDACTED]  
**SSN:** [REDACTED]  
**Policy Num:** 00VW3181 KM:Necole

### Provider Information

**Name:** OREGON HEALTH SCIENCES UNIVERSITY  
**Address:** 3181 SW SAM JACKSON PK RD  
**City:** PORTLAND  
**State/Zip:** OR 97239  
**Phone:** 5034946594  
**Fax:** 5034946970

### Status Notes

**Date:** 02/04/2015 at 01:06:00  
**Contact:**  
**Details:** APS ORDER RECEIVED VIA RPNET WITH FOLLOWING PROVIDER DATA: Dr. Jim Chestnut 3303 SW Bond Ave Portland, OR, 97239 (503) 494-6400 NO PROVIDER INDEX CODE SELECTED - SEND TO PROVIDER MATCH STANDARD AUTHO IMAGE FILE 2015020401042714399.tif RECEIVED.

**Date:** 02/04/2015 at 02:32:00  
**Contact:**  
**Details:** PROVIDER CURRENTLY HAS NO AVERAGE RECORDED CYCLE TIME

**Date:** 02/04/2015 at 02:32:00  
**Contact:**  
**Details:** Per Patty/providers office - no status check for 2 weeks from date sent facility releases records noted in s/a. if noting in s/a then they uses dates in autho

**Date:** 02/04/2015 at 02:32:00

Contact:

Details: NOTE: PROVIDER HAS PREVIOUSLY INDICATED THAT THEY REQUIRE FACILITY-SPECIFIC AUTHORIZATIONS AND IMPORT HAS INDICATED THAT A REGULAR AUTHO HAS BEEN SENT WITH THIS REQUEST.

Date: 02/05/2015 at 08:58:00

Contact:

Details: MAILING REQUEST TO PATIENT TO HAVE FACILITY SPECIFIC AUTHORIZATION SIGNED AND RETURNED

Date: 02/12/2015 at 01:33:00

Contact:

Details: LEFT VOICEMAIL: : \*\* asking if the autho has been received Please complete and return to Release Point

Date: 02/16/2015 at 05:08:00

Contact:

Details: MAILING REQUEST TO PATIENT TO HAVE FACILITY SPECIFIC AUTHORIZATION SIGNED AND RETURNED

Date: 02/24/2015 at 11:54:00

Contact:

Details: \*\* Left a v-mail message for verification of receipt of the FSA.

Date: 02/24/2015 at 01:42:00

Contact:

Details: \*\* she has the autho and will fax to me now

Date: 02/25/2015 at 12:19:00

Contact:

Details: FAXING REQ WITH AUTHO TO PROVIDER

Date: 02/25/2015 at 12:30:00

Contact:

Details: REQUEST AND AUTHORIZATION FAXED TO PROVIDER: REGULAR AUTHO INCLUDED: FAX SUCCESSFUL TO (503) 494-6970: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 02/27/2015 at 08:59:00

Contact:

Details: FAXING STATUS REQUEST TO PROVIDER: \*\* Faxing for an update.

Date: 02/27/2015 at 09:09:00

Contact:

Details: REQUEST FOR STATUS FAXED TO PROVIDER: FAX SUCCESSFUL TO (503) 494-6286

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 467 of 1248**  
5/7/2015

Date: 02/27/2015 at 06:19:00

Contact:

Details: FILE ROUTED AS REQUEST RESPONSE RECEIVED AWAITING REVIEW - FILE WAS \\imagesrv1  
\\imageproduction\recvq\B-1\fax2450905551851.tif

Date: 03/02/2015 at 12:22:00

Contact: RACHEL

Details: SPOKE TO RACHEL: FAXING REQ WITH AUTHO TO PROVIDER: \*\* Did not receive the request. Send again

Date: 03/02/2015 at 12:35:00

Contact:

Details: FAX FAILED (Faxage): Fax Req Dis Claims with Regular Autho plus Questionnaire was not sent to PHYSICIAN at  
(503) 494-6970; No carrier detected ; too many attempts to dial

Date: 03/02/2015 at 02:52:00

Contact:

Details: FAXING REQ WITH AUTHO TO PROVIDER

Date: 03/02/2015 at 02:59:00

Contact:

Details: REQUEST AND AUTHORIZATION FAXED TO PROVIDER: REGULAR AUTHO INCLUDED: FAX SUCCESSFUL TO  
(503) 494-6970: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 03/04/2015 at 05:17:00

Contact:

Details: FAXING REQ WITH AUTHO TO PROVIDER

Date: 03/04/2015 at 05:33:00

Contact:

Details: REQUEST AND AUTHORIZATION FAXED TO PROVIDER: REGULAR AUTHO INCLUDED: FAX SUCCESSFUL TO  
(503) 494-6970: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 03/09/2015 at 11:52:00

Contact: BETHANY

Details: SPOKE TO BETHANY: \*\* They are entering requests received on 3/4 today.

Date: 03/17/2015 at 12:39:00

Contact:

Details: FAXING STATUS REQUEST TO PROVIDER

Date: 03/17/2015 at 01:05:00

Contact:

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 468 of 1248**  
5/7/2015



Details: REQUEST FOR STATUS FAXED TO PROVIDER: FAX SUCCESSFUL TO (503) 494-6970: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 03/18/2015 at 11:55:00

Contact:

Details: FAXING STATUS REQUEST TO PROVIDER

Date: 03/18/2015 at 12:04:00

Contact:

Details: REQUEST FOR STATUS FAXED TO PROVIDER: FAX SUCCESSFUL TO (503) 494-6970: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 03/19/2015 at 05:15:00

Contact:

Details: FILE ROUTED AS REQUEST RESPONSE RECEIVED AWAITING REVIEW - FILE WAS \\imagesrv1  
\\imageproduction\recvq\B-1\fax249503642.tif

Date: 03/19/2015 at 05:16:00

Contact:

Details: \*\* Received notification from OHSU. The signature on the FSA does not match what they have on file.

Date: 03/20/2015 at 12:29:00

Contact:

Details: Please be advised: we have received a facility autho from the patient: however the facility is stating the signature does not match what they have on file for the patient: please advise Thank you

Date: 03/20/2015 at 09:31:00

Contact:

Details: EMAILED TO jyakymi@standard.com,kath.mcgrath@standard.com: REQUEST SUSPENDED Please be advised: we have received a facility autho from the patient: however the facility is stating the signature does not match what they have on file for the patient: please advise Thank you

Date: 04/05/2015 at 10:10:00

Contact:

Details: EMAILED TO jyakymi@standard.com,kath.mcgrath@standard.com: REQUEST SUSPENDED Please be advised: we have received a facility autho from the patient: however the facility is stating the signature does not match what they have on file for the patient: please advise Thank you

Date: 04/20/2015 at 08:34:00

Contact:

Details: INVOICE RECEIVED VIA FAX, ROUTED TO INVOICE - STAGE FILE WAS Suspended - FILE IS \\imagesrv1  
\\imageproduction\TransCharts\I2185398.tif

Date: 04/21/2015 at 12:37:00

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 469 of 1248**  
5/7/2015

## Contact:

Details: FAXING REGIONAL COPY SERVICE CREDIT CARD AUTHO FOR PREPAY

Date: 04/21/2015 at 12:56:00

## Contact:

Details: VISA CHARGE AUTHORIZATION FOR \$30.00 FAXED TO REGIONAL COPY SERVICE.: SPECIAL AUTHO INCLUDED:  
FAX SUCCESSFUL TO (541) 312-4601: CARRIER LETTER OF REPRESENTATION INCLUDED WITH REQUEST.

Date: 04/22/2015 at 05:40:00

## Contact:

Details: LEFT VOICEMAIL: \*\* Called DBS, Reached voicemail, Left message stating that if they received the credit card  
information prepayment sent thru fax for retrieval of records. Requesting callback. Provided patient name, date  
of birth, reference and callback number

[Home](#) [Action](#) [Support](#) [Account](#)

[RPNet Logout](#)

## Order Complete

### Your Weborder Transaction ID is: 2272358

Please be sure to write this number on the authorization form when sending to ReleasePoint, or print this page and fax it along with the autho to:

**626-768-7064**

Name: Coleman-Fire , Bethany

DOB: [REDACTED]

SSN: [REDACTED]

Policy Num: 00VW3181 KM:Necole

Source Code: CCC

Provider 1 : BROWN, DR JEFFREY

Address: 1040 NW 22nd Ave Ste 630  
Portland , OR 97210

Phone: 503-954-1566

Record Range: Obtain records from 02/01/2012 to Present

Provider 2 : Ellison, Dr. Catherine

Address: 5050 Ne Hoyt St STE 315  
Portland , OR 97213

Phone: 503-963-3100

Record Range: Obtain records from 02/01/2012 to Present

[New Request \(Retain Household Info/Policy Number\) ->](#)

[New Request \(Clear All Previous Data\) ->](#)

[Order Additional Request\(s\) for This Patient](#)



TheStandard®

April 16, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard).

As indicated in our letters to you dated February 12, 2015 and March 20, 2015, additional information is necessary before we can make a determination on your eligibility for benefits. As part of this review we contacted your medical provider for copies of your medical records. To date, we have not received the information requested from Legacy Emanuel. Please contact their office and ask them to provide the information requested. In addition, we are also contacting the offices of Dr. Brown and Dr. Ellison for copies of your medical records. Please contact their offices and instruct them to forward the requested information to us at their earliest convenience.

We are unable to complete our review at this time because we have not yet received the described above. In order to be eligible for LTD benefits, you must meet the Definition of Disability and all other provisions contained in the Group Policy. We will need to review the information requested from your medical providers to complete our review of your LTD claim.

For the reasons stated above, we are unable to complete the review of your claim as of the date of this letter. We are therefore extending the time to decide the claim by an additional 30 days. We anticipate that we will be able to complete our review within 30 days after we received the information we have requested. Please understand that the additional 30-day period for review will not begin until we have received the information described above.

If you have any questions, please contact our office.

Sincerely,

Necole Suzuki, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 472 of 1248**

STND 18-03985-000472

**Necole Suzuki**

---

**From:** Kath McGrath  
**Sent:** Thursday, April 16, 2015 3:41 PM  
**To:** Necole Suzuki  
**Subject:** FW: A new fax has arrived from 123+++++++ (Part 1 of 1) on Channel 1  
**Attachments:** A2634119d-dcaa-48ff-a6f1-e779027d3237.TIF

Kathleen McGrath | Disability Claims Assistant The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.6946 | Fax 503.796.5972 Kath.McGrath@standard.com |  
www.standard.com

-----Original Message-----

**From:** RightFax Email Gateway  
**Sent:** Thursday, April 16, 2015 3:24 PM  
**To:** Cgroup Faxes  
**Subject:** A new fax has arrived from 123+++++++ (Part 1 of 1) on Channel 1

4/16/2015 3:22:30 PM Transmission Record

Received from remote ID: 123+++++++  
Inbound user ID CGROUPFAXES, routing code 5972  
Result: (0/352;0/0) Successful Send  
Page record: 1 - 3  
Elapsed time: 00:45 on channel 1

Fax Images: [double-click on image to view page(s)]

Standard Insurance Company

## Health Provider Verification Statement

|                             |                                                    |
|-----------------------------|----------------------------------------------------|
| Date:<br>2/12/18            | RE:<br>PSET on behalf of Davis Wright Tremaine LLP |
| Group Policy No.:<br>445474 | Class No.:<br>00VW3181                             |

Dear Ms. Coleman-Fire:

The Preexisting Condition Provision of your group policy requires that we gather additional information regarding your condition(s) and treatment. Please list any health care providers you may have consulted from March 1, 2012 to the present, any medications which you took or were prescribed from March 1, 2012 to the present, and any pharmacies you used from March 1, 2012 to the present. If necessary, please continue on the back of this form or on a separate sheet of paper. Please sign and date this form and return it to our office in the enclosed postage-paid envelope within 20 days from the date of this letter.

|                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Health Care Provider:<br>Please see attached list of physicians associated with the                     | Specialty:<br>accident. Dr. Upfal was and remains my primary care |
| Address:<br>doctor prior to the accident.                                                               | Dates of Treatment:                                               |
| City/State/ZIP:                                                                                         | Phone No.: Fax No.:                                               |
| Health Care Provider:                                                                                   | Specialty:                                                        |
| Address:<br>Please note: the accident has impacted my memory somewhat.                                  | Dates of Treatment:                                               |
| City/State/ZIP:<br>I have provided all of the information that I can recall.                            | Phone No.: Fax No.:                                               |
| Health Care Provider:                                                                                   | Specialty:                                                        |
| Address:                                                                                                | Dates of Treatment:                                               |
| City/State/ZIP:                                                                                         | Phone No.: Fax No.:                                               |
| Medication:<br>The only medications I can recall are those associated with the                          | Dates Prescribed:                                                 |
| Medication:<br>accident and are listed in the medical records already provided                          | Dates Prescribed:                                                 |
| Did you take any of these medications during the time period listed above? If so, please explain below. |                                                                   |
| by my healthcare providers. I am not aware of any others and                                            |                                                                   |
| Are you covered by a prescription pharmacy plan? If so, please provide your member information below.   |                                                                   |
| was not taking prescription medications prior to the accident.                                          |                                                                   |
| Pharmacy #1:<br>Walgreens                                                                               | Phone:<br>971-230-0153                                            |
| Pharmacy #2:<br>N/A                                                                                     | Phone:                                                            |
| Current Health Insurance carrier:<br>Regence                                                            | Prior Health Insurance carrier:                                   |

- ☒ This is a complete list of all health care providers I consulted, prescription medications I took or was prescribed, and pharmacies I used during the Preexisting Condition period. (See explanation above for further detail.)
- ☐ I did not consult any health care providers, I was not prescribed and did not take any prescription medications, and I did not use any pharmacies during the Preexisting Condition period.

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Signature: Betsy Coleman

Date: April 16, 2015

HPVS

Standard Insurance Company

Employee Benefits Department 800.868.1135 Tel 971.821.8400 Fax  
PO Box 2800 Portland OR 97208

Long Term Disability Insurance  
Employee's Statement

Claimant's Name Bethany Coleman Fine

4. Injury

Describe injuries Same as detailed in part 3.

Cause of injuries Hit by a car while walking dog.

Time, Date and Location of Injuries.

Approximately 7 a.m. 2/19/14 at Alberta and 17th Avenues.

5. Pregnancy

Date you expect to cease work N/A

Expected delivery date

Actual delivery date

Expected return to work date

Please indicate any foreseeable complications.

6. Attending Physician List all physicians consulted for this injury or illness. Use separate sheet, if needed.

Physician's Name Dr. Richa Upad Specialty Internal Medicine Phone No. (503) 221 061

Street Address 800 SW 13th Ave.

Fax No. ( )

City Portland, OR

State OR ZIP 97205

Date first consulted for this injury or illness 2/20/14

Date last consulted 10/14/14

Physician's Name Dr. Jim Chestnut

Specialty Concussion/ Sports Medicine

Phone No. (503) 494-6400

Street Address 3303 SW Bond Ave.

Fax No. ( )

City Portland

State OR ZIP 97239

Date first consulted for this injury or illness Unsure. Approx 4/14

Date last consulted 9/9/14

Physician's Name Emergency Room Doctor

Specialty

Phone No. (503) 413-2200

Street Address Legacy Emanuel, 2801 N. Grant Street Ave

Fax No. ( )

City Portland

State OR ZIP 97227

Date first consulted for this injury or illness 2/19/14

Date last consulted 2/19/14

7. Hospital If you were hospitalized for this condition, please complete. Please attach copy of hospital bill if available.

Hospital Name N/A

Address

From Through

Reason for Hospitalization

From Through

Reason for Hospitalization

8. History List all illnesses or injuries for which you have received treatment over the past five years. Use separate sheet if needed.

| Illness                         | Date                   | Physician's Name      | Complete Address                           |
|---------------------------------|------------------------|-----------------------|--------------------------------------------|
| <u>Anemia</u>                   | <u>circa Sept 2012</u> | <u>Dr. Richa Upad</u> | <u>800 SW 13th Ave. Portland, OR 97205</u> |
| <u>Can't recall any others.</u> |                        |                       |                                            |
|                                 |                        |                       |                                            |
|                                 |                        |                       |                                            |
|                                 |                        |                       |                                            |

Dr. Jeffrey Brown

Neurologist

1040 NW 22<sup>nd</sup> Ave. Ste 630

Portland, OR 97210

503-954-1566

Dr. Catherine M. Ellison

Neurologist

5050 NE Hoyt St. #315

Portland, OR 97213

503-963-3100



## Necole Suzuki

---

**From:** Necole Suzuki  
**Sent:** Thursday, April 16, 2015 3:14 PM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Claim No. 00VW3181

We will request the records using the release we already have. If the medical offices want you to complete a different release form, I will ask Release Point to email you rather than mailing the form to you.

### Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist

The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]  
**Sent:** Thursday, April 16, 2015 3:12 PM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

Okay. I assume you need separate releases for them. I seem to do better when I get the release requests by email rather than hard copy - easier for me to keep track of. If you do need a release, if you could send it to my email, that would be easier and I can respond more quickly.

Thanks,

B

P.S. One of the major challenges I have had post accident is keeping all of this straight. I really appreciate your patience and assistance as we go through this process. I hope it hasn't been too frustrating for you.

On Thu, Apr 16, 2015 at 3:09 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

I found the attachment with Dr. Brown and Dr. Ellison's contact information noted. I previously missed this as well, and will get a request for records sent out to their offices.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

Ensure a sustainable future - only print when necessary.

-----Original Message-----

From: [p1grp034@standard.com](mailto:p1grp034@standard.com) [mailto:[p1grp034@standard.com](mailto:p1grp034@standard.com)]

Sent: Thursday, April 16, 2015 12:04 PM

To: Necole Suzuki

Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 15:03:36 (-0400)

Queries to: [p1grp034@standard.com](mailto:p1grp034@standard.com)

--

Bethany Coleman-Fire

503-317-8898

[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)

**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Thursday, April 16, 2015 3:09 PM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** Claim No. 00VW3181  
**Attachments:** 20150416150336843\_0001.pdf

Hi Bethany,

I found the attachment with Dr. Brown and Dr. Ellison's contact information noted. I previously missed this as well, and will get a request for records sent out to their offices.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.feuerstein@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

From: p1grp034@standard.com [mailto:p1grp034@standard.com]  
Sent: Thursday, April 16, 2015 12:04 PM  
To: Necole Suzuki  
Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 15:03:36 (-0400)  
Queries to: p1grp034@standard.com

Dr. Jeffrey Brown

Neurologist

1040 NW 22<sup>nd</sup> Ave. Ste 630

Portland, OR 97210

503-954-1566

Dr. Catherine M. Ellison

Neurologist

5050 NE Hoyt St. #315

Portland, OR 97213

503-963-3100

## **Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Thursday, April 16, 2015 3:05 PM  
**To:** 'Bethany Coleman-Fire'  
**Subject:** RE: Claim No. 00VW3181

I think attaching will be fine.

**Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)

*Ensure a sustainable future – only print when necessary.*

**From:** Bethany Coleman-Fire [<mailto:bethany.coleman@gmail.com>]  
**Sent:** Thursday, April 16, 2015 3:01 PM  
**To:** Necole Suzuki  
**Subject:** Re: Claim No. 00VW3181

May I just attach this to the form or do you need it rewritten?  
On Thu, Apr 16, 2015 at 2:59 PM Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:

Hi Bethany,

I have attached page 2 of your initial claim statement that lists the doctors you saw for your accident.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.3198 | Fax 503-796-5972  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)  
*Ensure a sustainable future - only print when necessary.*

-----Original Message-----

**From:** [p1grp034@standard.com](mailto:p1grp034@standard.com) [<mailto:p1grp034@standard.com>]  
**Sent:** Thursday, April 16, 2015 11:42 AM  
**To:** Necole Suzuki  
**Subject:**

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 14:42:23 (-0400)  
Queries to: [p1grp034@standard.com](mailto:p1grp034@standard.com)

**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Thursday, April 16, 2015 3:00 PM  
**To:** 'bethany.coleman@gmail.com'  
**Subject:** Claim No. 00VW3181  
**Attachments:** 20150416144223227\_0001.pdf

Hi Bethany,

I have attached page 2 of your initial claim statement that lists the doctors you saw for your accident.

Thanks,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.feuerstein@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

From: p1grp034@standard.com [mailto:p1grp034@standard.com]  
Sent: Thursday, April 16, 2015 11:42 AM  
To: Necole Suzuki  
Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 14:42:23 (-0400)  
Queries to: p1grp034@standard.com

## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employee's StatementClaimant's Name Bethany Coleman Fine

## 4. Injury

Describe Injuries Same as detailed in part 3.

Cause of Injuries Hit by a car while walking dog.

Time, Date and Location of Injuries.  
Approximately 7 a.m. 2/19/14 at Alberta and 17th Avenues.

## 5. Pregnancy

Date you expect to cease work N/A Expected delivery date \_\_\_\_\_

Actual delivery date \_\_\_\_\_ Expected return to work date \_\_\_\_\_

Please indicate any foreseeable complications.

## 6. Attending Physician List all physicians consulted for this injury or illness. Use separate sheet, if needed.

Physician's Name Dr. Richa Uppal Specialty Internal Medicine Phone No. (503) 221 0161

Street Address 800 SW 13th Ave Fax No. (\_\_\_\_) \_\_\_\_\_

City Portland, OR State OR ZIP 97205

Date first consulted for this injury or illness 2/20/14 Date last consulted 10/14/14

Physician's Name Dr. Jim Chestnut Specialty Concussion/Sports Medicine Phone No. (503) 494-6400

Street Address 3303 SW Bond Ave. Fax No. (\_\_\_\_) \_\_\_\_\_

City Portland State OR ZIP 97239

Date first consulted for this injury or illness Unsure. Approx 4/14 Date last consulted 9/9/14

Physician's Name Emergency Room Doctor Specialty \_\_\_\_\_ Phone No. (503) 413 2200

Street Address Legacy Emanuel, 2801 N. Gantenbein Ave Fax No. (\_\_\_\_) \_\_\_\_\_

City Portland State OR ZIP 97227

Date first consulted for this injury or illness 2/19/14 Date last consulted 2/19/14

## 7. Hospital If you were hospitalized for this condition, please complete. Please attach copy of hospital bill if available.

Hospital Name N/A Address \_\_\_\_\_

From \_\_\_\_\_ Through \_\_\_\_\_ Reason for Hospitalization \_\_\_\_\_

From \_\_\_\_\_ Through \_\_\_\_\_ Reason for Hospitalization \_\_\_\_\_

## 8. History List all illnesses or injuries for which you have received treatment over the past five years. Use separate sheet if needed.

| Ailment      | Date             | Physician's Name | Complete Address                    |
|--------------|------------------|------------------|-------------------------------------|
| Anemia       | circa Sept. 2012 | Dr. Richa Uppal  | 800 SW 13th Ave. Portland, OR 97205 |
| Can't recall | 10/11            | atkins           |                                     |
|              |                  |                  |                                     |
|              |                  |                  |                                     |
|              |                  |                  |                                     |

**Necole Suzuki**

---

**From:** Bethany Coleman-Fire <bethany.coleman@gmail.com>  
**Sent:** Thursday, April 16, 2015 2:31 PM  
**To:** Necole Suzuki  
**Subject:** Re: Health Provider Verification Statement

Thanks, Necole. Does this need to include the physicians I saw for the accident related to this claim? If so, I believe I had to provide that information on a different form already. Would you mind sending me a copy so that I don't have to reinvent the wheel?

Thanks,

B

On Thu, Apr 16, 2015 at 2:29 PM, Necole Suzuki <[Necole.Suzuki@standard.com](mailto:Necole.Suzuki@standard.com)> wrote:  
Hi Bethany,

I have attached the HPVS as you requested. Thanks for our update about the other medical records.

Please contact me if you have any questions.

Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone [971.321.3198](tel:971.321.3198) | Fax [503-796-5972](tel:503-796-5972)  
[necole.feuerstein@standard.com](mailto:necole.feuerstein@standard.com) | [www.standard.com](http://www.standard.com)  
Ensure a sustainable future - only print when necessary.

-----Original Message-----

From: [p1grp034@standard.com](mailto:p1grp034@standard.com) [mailto:[p1grp034@standard.com](mailto:p1grp034@standard.com)]  
Sent: Thursday, April 16, 2015 11:16 AM  
To: Necole Suzuki  
Subject:

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 14:16:05 (-0400)  
Queries to: [p1grp034@standard.com](mailto:p1grp034@standard.com)

--  
Bethany Coleman-Fire  
503-317-8898  
[Bethany.coleman@gmail.com](mailto:Bethany.coleman@gmail.com)



**Necole Suzuki**

---

**From:** Necole Suzuki  
**Sent:** Thursday, April 16, 2015 2:29 PM  
**To:** 'bethany.coleman@gmail.com'  
**Subject:** Health Provider Verification Statement  
**Attachments:** 20150416141605972\_0001.pdf

Hi Bethany,

I have attached the HPVVS as you requested. Thanks for our update about the other medical records.

Please contact me if you have any questions.

Necole (Feuerstein) Suzuki, FLHC | Sr. Disability Claim Specialist The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.feuerstein@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

-----Original Message-----

**From:** p1grp034@standard.com [mailto:p1grp034@standard.com]  
**Sent:** Thursday, April 16, 2015 11:16 AM  
**To:** Necole Suzuki  
**Subject:**

This E-mail was sent from "P1GRP012" (Aficio MP 6500).

Scan Date: 04.16.2015 14:16:05 (-0400)  
Queries to: p1grp034@standard.com

Standard Insurance Company

## Health Provider Verification Statement

|                                    |                                                           |
|------------------------------------|-----------------------------------------------------------|
| Date:<br><b>2/12/15</b>            | RE:<br><b>PSET on behalf of Davis Wright Tremaine LLP</b> |
| Group Policy No.:<br><b>445474</b> | Claim No.:<br><b>00VW3181</b>                             |

Dear Ms. Coleman-Fire:

The Preexisting Condition Provision of your group policy requires that we gather additional information regarding your condition(s) and treatment. Please list any health care providers you may have consulted from March 1, 2012 to the present, any medications which you took or were prescribed from March 1, 2012 to the present, and any pharmacies you used from March 1, 2012 to the present. If necessary, please continue on the back of this form or on a separate sheet of paper. Please sign and date this form and return it to our office in the enclosed postage-paid envelope within 20 days from the date of this letter.

|                                                                                                         |                                 |          |
|---------------------------------------------------------------------------------------------------------|---------------------------------|----------|
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Did you take any of these medications during the time period listed above? If so, please explain below. |                                 |          |
| Are you covered by a prescription pharmacy plan? If so, please provide your member information below.   |                                 |          |
| Pharmacy #1:                                                                                            | Phone:                          |          |
| Pharmacy #2:                                                                                            | Phone:                          |          |
| Current Health Insurance carrier:                                                                       | Prior Health Insurance carrier: |          |

- ☐ This is a complete list of all health care providers I consulted, prescription medications I took or was prescribed, and pharmacies I used during the Preexisting Condition period.
- ☐ I did not consult any health care providers, I was not prescribed and did not take any prescription medications, and I did not use any pharmacies during the Preexisting Condition period.

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT-1**  
**PART 1 of 2**  
**Page 486 of 1248**  
 (4/13)

From the desk of: Necole Suzuki

4/16/2015 2:14 PM

Re: BETHANY COLEMAN-FIRE  
Member SS#: xxx-xx-xxxx  
Claim #: 00VW3181

Policyholder: PROFESSIONAL SERVICES EMPLOYER  
Group ID#: 10010415  
Policy #: 445474

p/c from Ms. Coleman-Fire, asking for the status of her claim.

I told Ms. Coleman-Fire that we have not received the HPVS from her. She asked me to email her a PDF of the form. She will do her best to complete it but is unsure that she will remember every provider back to 2012. I told her to do the best she can. She said she hasn't had any major medical issues.

I asked Ms. Coleman-Fire to remain on the line with me while I checked Release Point's website. I told her that Dr. Chestnut's office will not release her records because they state that her signature on the auth is not the same as what they have on file. She will call their office and find out what needs to be done.

I also told Ms. Coleman-Fire that her records from Legacy Emanuel are still in process. Ok



TheStandard®

March 20, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard).

As indicated in our letter to you dated February 12, 2015, additional information is necessary before we can make a determination on your eligibility for benefits. As part of this review we contacted Dr. Uppal, Dr. Chestnut and Legacy Emanuel for copies of your medical records. To date, we have not received this requested information. Please contact their office and ask them to provide the information requested.

Additionally, with our February 12, 2015 letter, we requested that you complete and return the enclosed Health Provider Verification Statement (HPVS). We have not received your completed HPVS. Please complete and return the enclosed HPVS at your earliest convenience. A postage-paid envelope is enclosed for your convenience in providing this information.

We are unable to complete our review at this time because we have not yet received the described above. In order to be eligible for LTD benefits, you must meet the Definition of Disability and all other provisions contained in the Group Policy. We will need to review the information requested from your medical providers to complete our review of your LTD claim.

For the reasons stated above, we are unable to complete the review of your claim as of the date of this letter. We are therefore extending the time to decide the claim by an additional 30 days. We anticipate that we will be able to complete our review within 30 days after we received the information we have requested. Please understand that the additional 30-day period for review will not begin until we have received the information described above.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 488 of 1248**

STND 18-03985-000488

If you have any questions, please contact our office.

Sincerely,



Necole Feuerstein, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company

**Health Provider Verification Statement**

|                                    |                                                           |
|------------------------------------|-----------------------------------------------------------|
| Date:<br><b>2/12/15</b>            | RE:<br><b>PSET on behalf of Davis Wright Tremaine LLP</b> |
| Group Policy No.:<br><b>445474</b> | Claim No.:<br><b>00VW3181</b>                             |

Dear Ms. Coleman-Fire:

The Preexisting Condition Provision of your group policy requires that we gather additional information regarding your condition(s) and treatment. Please list any health care providers you may have consulted from March 1, 2012 to the present, any medications which you took or were prescribed from March 1, 2012 to the present, and any pharmacies you used from March 1, 2012 to the present. If necessary, please continue on the back of this form or on a separate sheet of paper. Please sign and date this form and return it to our office in the enclosed postage-paid envelope within 20 days from the date of this letter.

|                                                                                                         |                                 |          |
|---------------------------------------------------------------------------------------------------------|---------------------------------|----------|
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Did you take any of these medications during the time period listed above? If so, please explain below. |                                 |          |
| Are you covered by a prescription pharmacy plan? If so, please provide your member information below.   |                                 |          |
| Pharmacy #1:                                                                                            | Phone:                          |          |
| Pharmacy #2:                                                                                            | Phone:                          |          |
| Current Health Insurance carrier:                                                                       | Prior Health Insurance carrier: |          |

- ☐ This is a complete list of all health care providers I consulted, prescription medications I took or was prescribed, and pharmacies I used during the Preexisting Condition period.
- ☐ I did not consult any health care providers, I was not prescribed and did not take any prescription medications, and I did not use any pharmacies during the Preexisting Condition period.

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT-1**  
**PART 1 of 2**  
**Page 490 of 1248**  
 (4/13)

**Necole Feuerstein**

---

**From:** Necole Feuerstein  
**Sent:** Tuesday, March 03, 2015 1:42 PM  
**To:** 'bethany.coleman@gmail.com'  
**Subject:** Attending Physician's Statement  
**Attachments:** 20150303133547698.pdf

Hi Bethany,

As you requested, I have attached a copy of the Attending Physician's Statement completed by your doctor. Please let me know if you have any questions.

Thank you,

Necole Feuerstein, FLHC | Sr. Disability Claim Specialist The Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204 Phone 971.321.3198 | Fax 503-796-5972 necole.feuerstein@standard.com |  
www.standard.com Ensure a sustainable future – only print when necessary.

01/30/2015 FAX 123-XXXX

840

01/11/2002

visWright  
remaine LLPSuite 2400  
1700 RAVEN  
Portland, OR 97201  
Bethany L. Coleman-Fire  
(503) 778-5439 fax  
(503) 778-5299 fax  
bethany.coleman-fire@del.com

## FAX COVER SHEET

Date: January 30, 2015 From: Bethany L. Coleman-Fire  
Time sent: 9:14 AM Telephone: (503) 778-5439  
Total pages: 3 Fax: (503) 778-5299  
(including cover page)

SEND TO:  
Name: Company | Confirmation number: Fax number:  
Standard Ins. Co. 871-321-8400

## COMMENTS:

Long Term Disability Insurance - Attending Physician's Statement

Please deliver the following material as soon as possible.  
Please notify us immediately at 800.241.2300 if not received properly. Thank you

Operator: \_\_\_\_\_  
Extension: \_\_\_\_\_  
Check letter Number: /

The information contained on this document may be reviewed and information may be used for the purpose of this document. If you have received this information in error, please notify us immediately by telephone (800.241.2300) and return the original message to us at the above address within 10 days, thank you.

Atlanta New York Denver  
Chicago Portland San Francisco  
Los Angeles San Jose Washington, DC

## Standard Insurance Company

Employer Benefits Department 800.241.2300 871.321.8400 fax  
PO Box 3000 Portland, OR 97208

Long Term Disability Insurance  
Attending Physician's Statement

## Part A. To Be Completed By Patient

|                  |                      |                                |                          |
|------------------|----------------------|--------------------------------|--------------------------|
| Full Name        | Bethany Coleman-Fire | Birth Date                     | 01/11/2002               |
| Other Names Used | N/A Bethany Coleman  |                                |                          |
| Address          | 4134 NE 7th Ave.     | City                           | Portland                 |
| Phone No.        | 503.320.9564         | State                          | OR                       |
| Occupation       | Lawyer               | Employer                       | Davis Wright Remaine LLP |
| Referral to work | 8/1/14 part time     | Employer's return to work date |                          |

## Part B. To Be Completed By Physician

The purpose of this form is to help us determine whether the stated condition of your patient is disabling. We need documentation of functional impairment. Please include laboratory data and results of special tests (X-rays, CAT scans, EMG, etc.). Please attach copies of any pertinent medical reports, hospital discharge history, physician discharge summaries, chart notes, and pertinent reports.

This patient is responsible for the completion of this form without expense to the physician. Portions may be retained for insurance purposes.

## 1. Information

|                     |                  |                |                  |
|---------------------|------------------|----------------|------------------|
| Primary Diagnosis   | CD 20 (180-9)    | Diagnosis      | CD 20 (180-9)    |
| Secondary Diagnosis | 100 Gals (180-9) | Diagnosis      | 100 Gals (180-9) |
| Other diagnoses     | 100 Gals (180-9) | Diagnosis      | 100 Gals (180-9) |
| Height              | 780-4            | Weight         | 192 lbs          |
| Age                 | 39               | Sex            | F                |
| Handedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Weight         | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
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| Footedness          | Left             | Footedness     | Left             |
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| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
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| Footedness          | Left             | Footedness     | Left             |
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| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
| Handedness          | Left             | Handedness     | Left             |
| Footedness          | Left             | Footedness     | Left             |
| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 39               | Age            | 39               |
| Sex                 | F                | Sex            | F                |
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| Current weight      | 192 lbs          | Current weight | 192 lbs          |
| Height              | 780-4            | Height         | 780-4            |
| Age                 | 3                |                |                  |



01/30/2015 10:18AM FAX 123-+++++

0AD

0002/0002

## Standard Insurance Company

Employee Benefits Department 800.363.1135 Tel 971.521.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Attending Physician's Statement

Claimant's Name

Bethany Coleman - Five

## 3. Assessment

Date you recommended patient should stop working No Why? Can work w/ accommodationsDescribe the patient's physical, mental and cognitive limitations and work activity limitations Memory and concentration deficit  
post concussion, fatigue, muscle spasms and painHow long from today's date will the described limitations impair the patient? 3 months approximately but could be longerIs the patient competent to manage insurance benefits? ☒ Yes ☐ NoIf no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No

## 4. Treatment

Planned course of treatment. Please include expected duration, surgeries, therapy, etc. F/U with OHSU specialty care  
for concussion & Dr. James Chestnut, cont counseling and  
current medicationsMedications prescribed: dosage, frequency and date of prescription(s). Prescription SR 150mg q12hList other treating or referring physicians. Continue on separate page, if necessary. Dr. James Chestnut, OHSU.

| Name                            | Address                          |
|---------------------------------|----------------------------------|
| 1. <u>Dr. James Chestnut</u>    | <u>OHSU</u>                      |
| Phone No. <u>(503) 494-4000</u> | City _____ State _____ ZIP _____ |
| 2. _____                        | City _____ State _____ ZIP _____ |
| Phone No. [ ]                   | City _____ State _____ ZIP _____ |

What reasonable work or job site modifications could the employer make to assist the individual to return to work? Please specify.

Can work 75% of normal work load (4 hrs) Can be excused for visits to physician  
therapy, office visits, counseling 1-2 weeks x 3 months. She will

Assessment and treatment are complicated by:

- ☐ Malingering
- ☒ Significant emotional or behavioral disorder such as: ☒ Depression ☐ Anxiety ☐ Hysteria Check for medical illness.
- ☐ Exaggeration, inconsistent findings, subjective complaints out of proportion to objective findings, bizarre or contradictory observations.
- ☐ Dependence on drug/alcohol. Please specify \_\_\_\_\_
- ☐ Other Please describe \_\_\_\_\_

## 5. Prognosis

Describe patient's condition since onset of symptoms: ☐ Recovered ☒ Improved ☐ Unchanged ☐ ProgressedWhen do you expect a fundamental or marked change in patient's condition? ☐ Never ☐ Condition expected to regress ☒ Condition expected to improve

State anticipated date \_\_\_\_\_ or, Unable to determine, follow up in \_\_\_\_\_ months

When do you anticipate the patient can return to work? State anticipated date \_\_\_\_\_ or, Unable to determine, because of \_\_\_\_\_

follow up in \_\_\_\_\_ months

Remarks \_\_\_\_\_

## 6. Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 12 of this form.

Physician's Signature

[Signature]  
K. APPALDate 2/3/14

Physician's Name (Please Print)

Specialty IM

Address

800 SW 15th Av

City

Portland

State

OR

ZIP

97205

Physician's Teletype ID No.

X 930400952

Phone No.

(503) 2210161 X

Fax No.

(503) 275-9057

Return to Standard Insurance Company at the address above.

SI 337B

11 of 15

EXHIBIT 1

PART 1 of 2

Page 493 of 1248

STND 18-03985-000493

From the desk of: Necole Feuerstein

3/3/2015 1:15 PM

Re: BETHANY COLEMAN-FIRE  
Member SS#: xxx-xx-xxxx  
Claim #: 00VW3181

Policyholder: PROFESSIONAL SERVICES EMPLOYER  
Group ID#: 10010415  
Policy #: 445474

p/c from Ms. Coleman-Fire. She said that her doctor noted on the APS that she will be working a 75% schedule for 3 months. She explained that she and her doctor agreed to reevaluate after three months. If she is to remain at a 75% schedule for more than three months does she need to have another APS submitted?

I told Ms. Coleman-Fire that she should notify us of a change in her work scheduled. If she remains at 75% she does not need to have another form completed. I explained that we will rely on her medical records to understand the extent of any ongoing impairment.

Ms. Coleman-Fire asked that I email a copy of the APS to her for her records.

[bethany.coleman@gmail.com](mailto:bethany.coleman@gmail.com). I told her I would but warned her that the copy provided may be difficult to read.

2/25/15  
Bethany Coleman Fire

P/c to Ms. Coleman Fire. Told her I was calling regarding her LTD claim.

She confirmed that she received our letter. She has communicated w/ Release Point and got them all of the necessary authorizations.

She asked how long the review process will take. I told her that after we receive all of her medical records, her claim file will be referred to our medical dept. This review will take approx 3 wks.

Told her we are also waiting for addl info requested from her ER - OK.

asked her to call w/add'l questions.

*[Signature]*

EXHIBIT 1  
PART 1 of 2

Page 495 of 1248

TRANSMISSION VERIFICATION REPORT

TIME : 02/17/2015 02:35  
NAME :  
FAX :  
TEL :  
SER.# : BROH1J301157

|              |              |
|--------------|--------------|
| DATE, TIME   | 02/17 02:33  |
| FAX NO./NAME | 912067577765 |
| DURATION     | 00:01:44     |
| PAGE(S)      | 03           |
| RESULT       | OK           |
| MODE         | STANDARD     |



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**FACSIMILE TRANSMITTAL SHEET**

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TO: TERESA BALLARD

DATE: FEBRUARY 17, 2015

---

COMPANY: DAVIS WRIGHT TREMAINE FROM: NECOLE FEUERSTEIN

---

FAX NUMBER: 206-757-7765

TOTAL NO. OF PAGES INCLUDING COVER: 3

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RE: BETHANY COLEMAN-FIRE

OUR CLAIM NUMBER: 00VW3181

---

URGENT

FOR REVIEW

PLEASE REPLY

**Warning: Privileged and Confidential Information**

The information contained in this facsimile message is confidential, privileged, and exempt from disclosure to third persons and is intended solely for the use of the individual or entity named above. If the recipient or reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any retention, dissemination, distribution, copying, or unauthorized use of this communication is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone and also return the facsimile and any copies thereof to the sender at the above address via the US Postal Service. All expenses will be paid by sender. Thank you.

**STANDARD INSURANCE CO.  
EMPLOYEE BENEFITS DEPT C5D  
PO BOX 2800  
PORTLAND OR 97208**

---

PHONE: (800) 368-1135, EXT 3198 (971) 321-3198  
FAX: (503) 796-5972

**EXHIBIT 1  
PART 1 of 2  
Page 497 of 1248**

February 17, 2015

  
TheStandard

Davis Wright Tremaine LLP  
Attn: Teresa Ballard  
1201 3<sup>rd</sup> Ave Suite 2200  
Seattle WA 98101

Re: Bethany Coleman-Fire  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Ballard:

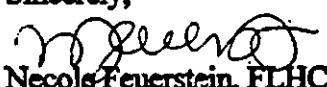
In the course of evaluating Ms. Coleman-Fire's Long Term Disability (LTD) claim with Standard Insurance Company (The Standard), we have determined that additional information is needed from Groff Murphy, PLLC. So that we may accurately assess Ms. Coleman-Fire's eligibility for Long Term Disability benefits, please provide the following:

1. Ms. Coleman-Fire's monthly gross earnings figure, for each month, for the period June 1, 2013 through October 31, 2013, itemizing vacation, sick leave, commissions, bonuses, and other compensation paid. Please provide source documentation of payroll as we are unable to accept information summarized in an Excel or Word document;
2. Ms. Coleman-Fire's billable hours, by month, for the period June 1, 2013 to July 31, 2014; and
3. A copy of Ms. Coleman-Fire's employment/compensation agreement in effect when she ceased work.

An authorization form is enclosed for the release of this information. A self-addressed postage-paid envelope is enclosed for your convenience in responding. If you would prefer to fax this information to us, our fax number is (503) 796-5972.

We appreciate your assistance and prompt attention to this matter. If you have any questions, please contact me.

Sincerely,

  
Necole Feuerstein, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198  
Fax: 503-796-5972

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 498 of 1248**

STND 18-03985-000498

**Authorization to Obtain and Release Information****I AUTHORIZE THESE PERSONS** having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Kaiser Permanente.
- Any insurance company or annuity company.
- Any employer, policyholder or plan sponsor.
- Any organization or entity administering a benefit or leave program (including statutory benefits) or an annuity program.
- Any educational, vocational or rehabilitation counselor, organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, Workers' Compensation Board, etc.).

**TO GIVE THIS INFORMATION:**

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
  - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
  - Any communicable disease or disorder.
  - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
  - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.

and:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, return to work accommodation discussions or evaluations, and eligibility for other benefits or leave periods including, but not limited to, claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions, etc.

**TO STANDARD INSURANCE COMPANY, THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK, THE STANDARD BENEFIT ADMINISTRATORS AND THEIR AUTHORIZED REPRESENTATIVES (referred to as "The Companies", individually and collectively), AND MY EMPLOYER'S ABSENCE MANAGEMENT PROGRAM ADMINISTRATOR ("Absence Manager").**

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without restriction.
- I understand that each of The Companies and Absence Manager will gather my information only if they are administering or deciding my disability or leave of absence claim(s), and will use the information to determine my eligibility or entitlement for benefits or leave of absence.
- I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to The Companies and Absence Manager, except to the extent the authorization has been relied upon to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair The Companies and Absence Manager's ability to evaluate or process my claim(s), and may be a basis for denying or closing my claim(s) for benefits or leave of absence.
- I understand that in the course of conducting its business The Companies and Absence Manager may disclose to other parties information about me. They may release information to a reinsurer, a plan administrator, plan sponsor, or any person performing business or legal services for them in connection with my claim(s). I understand that The Companies and Absence Manager will release information to my employer necessary for absence management, for return to work and accommodation discussions, and when performing administration of my employer's self-funded (and not insured) disability plans.
- I understand that The Companies and Absence Manager comply with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to them pursuant to this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. Information retained and disclosed by The Companies and Absence Manager may not be protected under the Health Insurance Portability and Accountability Act [HIPAA].
- I understand and agree that this authorization as used to gather information shall remain in force from the date signed below:
  - For Standard Insurance Company, the duration of my claim(s) or 24 months, whichever occurs first.
  - For The Standard Life Insurance Company of New York, the duration of my claim(s) or 24 months, whichever occurs first.
  - For The Standard Benefit Administrators, the duration of my claim(s) administered by The Standard Benefit Administrators or 24 months, whichever occurs first.
  - For Absence Manager, 24 months.
- I understand and agree that The Companies and Absence Manager may share information with each other regarding my disability and leave of absence claim(s). This authorization to share information shall remain valid for 12 months from the date signed below.
- I acknowledge that I have read this authorization and the New Mexico notice on page 7. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

Name (please print) Bethany Celestine Fire Social Security No. [REDACTED]Signature of Claimant/Representative [Signature] Date 12/3/14

If signature is provided by legal representative (e.g., Attorney in Fact, guardian or conservator), please attach documentation of legal authority.

TheStandard®

February 12, 2015

Bethany Coleman-Fire  
4834 NE 17<sup>th</sup> Ave  
Portland OR 97211

Re: Professional Services Employers Trust on behalf of  
Davis Wright Tremaine LLP  
Group Policy 445474  
Claim No. 00VW3181

Dear Ms. Coleman-Fire:

We are writing in regard to your Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). We cannot make a final decision on your claim until we get additional information.

The Group Policy requires that we determine whether your condition was caused or contributed to by a Preexisting Condition. It defines a Preexisting Condition as follows:

C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

- a. For which you have done any of the following:
  - i. Consulted a physician or other licensed medical professional;
  - ii. Received medical treatment, services or advice;
  - iii. Undergone diagnostic procedures, including self administered procedures;
  - iv. Taken prescribed drugs or medications;
- b. Which, as a result of any medical examination, including routine examination, was discovered or suspected;

at any time during the 90-day period just before your insurance becomes effective.

Standard Insurance Company  
900 SW Fifth Avenue  
Portland OR 97204-1235  
tel 888.937.4783

*pre-ex WL*

**EXHIBIT 1**  
**PART 1 of 2**  
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2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy for 12 months; and
- b. Have been Actively At Work for at least one full day after the end of that 12 months.

Your insurance under the Group Policy became effective on June 1, 2013. You have claimed disability as of February 19, 2014.

Because your insurance coverage was in effect for less than 12 consecutive months as of February 19, 2014, we must find out if you received medical treatment or services, or took prescribed drugs or medications, during the 90-day period before your LTD insurance coverage became effective. That period runs from March 3, 2013 through May 31, 2013.

Therefore, to complete our review of your claim, we need information about your medical history during this time period. Information in your claim file indicates that you have received medical services from Dr. Uppal, Dr. Chestnut, and Legacy Emanuel. Therefore, we have requested medical information from them.

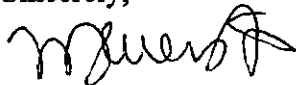
Please complete and sign the enclosed Health Provider Verification Statement, and return it to us in the enclosed postage-paid return envelope. This will provide us with the information we need to continue our review of your claim.

In addition, we are contacting your Employer for additional information about your work activity and earnings and expect to receive a reply shortly.

We understand that it is important for us to make a timely decision on your claim. We will keep you informed as we receive the additional information. When we receive all necessary information we will promptly complete our review of your claim and let you know our decision.

If you have any questions about this letter or your claim, please write or call me.

Sincerely,



Nicole Feuerstein, FLHC  
Sr. Disability Claim Specialist  
Employee Benefits Department  
1-800-368-1135 ext. 3198

Standard Insurance Company

**Health Provider Verification Statement**

|                                    |                                                           |
|------------------------------------|-----------------------------------------------------------|
| Date:<br><b>2/12/15</b>            | RE:<br><b>PSET on behalf of Davis Wright Tremaine LLP</b> |
| Group Policy No.:<br><b>445474</b> | Claim No.:<br><b>00VW3181</b>                             |

Dear Ms. Coleman-Fire:

The Preexisting Condition Provision of your group policy requires that we gather additional information regarding your condition(s) and treatment. Please list any health care providers you may have consulted from March 1, 2012 to the present, any medications which you took or were prescribed from March 1, 2012 to the present, and any pharmacies you used from March 1, 2012 to the present. If necessary, please continue on the back of this form or on a separate sheet of paper. Please sign and date this form and return it to our office in the enclosed postage-paid envelope within 20 days from the date of this letter.

|                                                                                                         |                                 |          |
|---------------------------------------------------------------------------------------------------------|---------------------------------|----------|
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Health Care Provider:                                                                                   | Specialty:                      |          |
| Address:                                                                                                | Dates of Treatments:            |          |
| City/State/ZIP:                                                                                         | Phone No.:                      | Fax No.: |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Medication:                                                                                             | Dates Prescribed:               |          |
| Did you take any of these medications during the time period listed above? If so, please explain below. |                                 |          |
| Are you covered by a prescription pharmacy plan? If so, please provide your member information below.   |                                 |          |
| Pharmacy #1:                                                                                            | Phone:                          |          |
| Pharmacy #2:                                                                                            | Phone:                          |          |
| Current Health Insurance carrier:                                                                       | Prior Health Insurance carrier: |          |

- ☐ This is a complete list of all health care providers I consulted, prescription medications I took or was prescribed, and pharmacies I used during the Preexisting Condition period.
- ☐ I did not consult any health care providers, I was not prescribed and did not take any prescription medications, and I did not use any pharmacies during the Preexisting Condition period.

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 502 of 1248**  
 (4/13)

[Home](#) [Action](#) [Support](#) [Account](#)

[RPNet Logout](#)

## Order Complete

### Your Weborder Transaction ID is: 2254029

Please be sure to write this number on the authorization form when sending to ReleasePoint, or print this page and fax it along with the autho to:

**626-768-7064**

Name: Coleman-Fire , Bethany

DOB: [REDACTED]

SSN: [REDACTED]

Policy Num: 00VW3181 KM:Necole

Source Code: CCC

Provider 1 : Dr. Richa Uppal

Address: 800 SW 13th Ave  
Portland , OR 97205

Phone: 503-221-0161

Record Range: Obtain records from 02/01/2012 to Present

Provider 2 : Dr. Jim Chestnut

Address: 3303 SW Bond Ave  
Portland , OR 97239

Phone: 503-494-6400

Record Range: Obtain records from 02/01/2012 to Present

Provider 3 : Legacy Emmanuel ER

Address: 2801 N Gantenbein Ave  
Portland , OR 97227

Phone: 503-413-2200

Record Range: Obtain records from 02/01/2012 to Present

[New Request \(Retain Household Info/Policy Number\) ->](#)

[New Request \(Clear All Previous Data\) ->](#)

[Order Additional Request\(s\) for This Patient](#)

## Nikol Niemeyer

---

**From:** Tara Faust  
**Sent:** Friday, January 30, 2015 9:14 AM  
**To:** Nikol Niemeyer  
**Cc:** Mary Harding  
**Subject:** Bethany Coleman-Fire (00VW3181)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Received a call from Ms. Coleman-Fire who was calling to get an update on her claim. Ms. Coleman-Fire states that she does not believe that the doctor has sent their information and is just trying to confirm that. Ms. Coleman-Fire also would like to know if she needs to have the concussion doctor and her therapist to fill out information also. Ms. Coleman-Fire is requesting a call back and can be reached at 503-320-9564.

Tara F.  
**Group Policy Administration / Continued Benefits**  
The Standard [www.standard.com](http://www.standard.com)  
Standard Insurance Company  
19355 NW Tanasbourne Dr. | Hillsboro, OR 97123  
Phone 800.348.3226 | Fax 971.321.4841  
*Ensure a sustainable future: Only print when necessary.*

**Please do not reply to this message. Replies to this message or this email address will not be responded to or read.**

**If you have questions please go to <http://www3.standard.com/net/public/Individuals/ContactUs>. You may also call us at 800.348.3226**

NN



Suite 2200  
1201 Third Avenue  
Seattle, WA 98101-3045

Teresa Ballard  
206.757-8765 tel  
206.757.7765 fax  
teresaballard@dwt.com

December 23, 2014

Standard Insurance Company  
Employee Benefits Department  
PO Box 2800  
Portland, OR 97208

Re: Long Term Disability Claim – Policy Number 445474

Dear Sir or Madam:

Enclosed please find a long term disability claim for Ms. Bethany Coleman Fire. The documents contained in this packet include the Employee and the Employer sections. Ms. Coleman Fire's physicians have indicated that they have submitted the completed section directly to the insurance company. If you need additional information to process this claim, please contact me either via email or phone at the address or number listed above.

Sincerely,

Davis Wright Tremaine LLP

A handwritten signature in cursive script, appearing to read 'Teresa Ballard'.

Teresa Ballard, SPHR  
Benefits Administrator

cc: Kibble & Prentice

RECEIVED

DEC 26 2014

SIC BENEFITS DEPT

DWT 14633527v1 9910073-000065

Anchorage  
Bellevue  
Los Angeles

New York  
Portland  
San Francisco

Seattle  
Shanghai  
Washington, D.C.

100% ☺

**EXHIBIT 1**  
**PART 1 of 2**  
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www.dwt.com

STND 18-03985-000505

## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employee's Statement

Please type or print. Form may be returned for unanswered questions.

## I. Claimant

|                                                                                                                                                                                                                                                                                                            |                             |                       |                                                                          |                     |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------------------------------------|---------------------|-------------------------------|
| Full Name                                                                                                                                                                                                                                                                                                  | <u>Bethany Coleman-Fire</u> |                       | Social Security No.                                                      | [REDACTED]          |                               |
| Address                                                                                                                                                                                                                                                                                                    | <u>4834 NE 17th Ave</u>     | City                  | <u>Portland</u>                                                          | State               | <u>OR</u> ZIP <u>97211</u>    |
| Phone No.                                                                                                                                                                                                                                                                                                  | <u>(503) 320-9564</u>       |                       |                                                                          |                     |                               |
| Birthdate                                                                                                                                                                                                                                                                                                  | [REDACTED]                  | Sex                   | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Height              | <u>5'8"</u> Weight <u>186</u> |
| Name of Spouse                                                                                                                                                                                                                                                                                             | <u>Lena Coleman-Fire</u>    |                       | Birthdate                                                                | <u>7</u> [REDACTED] |                               |
| No. of Dependent Children                                                                                                                                                                                                                                                                                  | <u>0</u>                    | Birthdate of Youngest | <u>N/A</u>                                                               |                     |                               |
| Did you receive a Certificate of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive a Brochure? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you did not receive a Certificate of Insurance or Brochure, please contact your employer to obtain a copy. |                             |                       |                                                                          |                     |                               |

## 2. Employment

|                                                                                                                                                                                                                |                                                                     |            |                           |                |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|---------------------------|----------------|----------------------------|
| Name of Employer                                                                                                                                                                                               | <u>Davis Wright Tremaine LLP (PSET is the plan sponsor)</u>         |            | Group Policy No.          | <u>445474</u>  |                            |
| Address                                                                                                                                                                                                        | <u>1300 SW 5th Ave Ste 2400</u>                                     | City       | <u>Portland</u>           | State          | <u>OR</u> ZIP <u>97201</u> |
| Phone No.                                                                                                                                                                                                      | <u>(503) 778 5439</u>                                               |            |                           |                |                            |
| State your job title and describe your duties at work.<br><u>Associate attorney - Review documents, write legal documents, analyze client matters, do computer and book research.</u>                          |                                                                     |            |                           |                |                            |
| Is your disability work-related?                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            | Date of injury            | <u>2/19/14</u> |                            |
| Have you filed a Workers' Compensation claim?                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            | If yes, W.C. claim number |                |                            |
| Last full day at work                                                                                                                                                                                          | <u>2/18/14</u>                                                      |            |                           |                |                            |
| Date you became unable to work at your occupation as a result of disability                                                                                                                                    | <u>2/19/14</u>                                                      |            |                           |                |                            |
| Are you now working at, or have you worked at, your occupation or any other occupation since the date of your injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      |                                                                     |            |                           |                |                            |
| If yes, list names of employers, addresses, telephone numbers, and dates of employment.<br><u>Davis Wright Tremaine - See above for contact information. Returned part-time Aug 4, 2014. Remain part-time.</u> |                                                                     |            |                           |                |                            |
| Are you self-employed at any activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                     |                                                                     |            |                           |                |                            |
| Date you resumed part-time work                                                                                                                                                                                | <u>Aug 4, 2014</u>                                                  | Work Phone | <u>(503) 778 5439</u>     | Extension      | <u>—</u>                   |
| Date you resumed full-time work                                                                                                                                                                                | <u>N/A</u>                                                          | Work Phone | <u>( )</u>                | Extension      |                            |

## 3. Sickness Please list all illnesses which contribute to your being unable to work at your occupation.

|                                                                                                                                                  |                                            |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|----------------|
| Illness                                                                                                                                          | <u>concussion, depression, anxiety,</u>    | Date First Noticed | <u>2/19/14</u> |
| Illness                                                                                                                                          | <u>whiplash, post concussion syndrome.</u> | Date First Noticed | <u>2/19/14</u> |
| State what you believe caused your illness.<br><u>was hit by a car while walking the dog.</u>                                                    |                                            |                    |                |
| Describe your symptoms <u>Headaches, fatigue, neck and back pain, sleeplessness, anxiety.</u>                                                    |                                            |                    |                |
| Have you ever had the same condition or a related illness before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |                                            |                    |                |

DEC 26 2014

SIC BENEFITS DEPT

EXHIBIT 1

PART 1 of 2

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## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employee's StatementClaimant's Name Bethany Coleman Fine

## 4. Injury

Describe Injuries Same as detailed in part 3.Cause of Injuries Hit by a car while walking dog.

Time, Date and Location of Injuries.

Approximately 7 a.m. 2/19/14 at Alberta and 17th Avenues.

## 5. Pregnancy

Date you expect to cease work N/A

Expected delivery date \_\_\_\_\_

Actual delivery date \_\_\_\_\_

Expected return to work date \_\_\_\_\_

Please indicate any foreseeable complications.

## 6. Attending Physician List all physicians consulted for this injury or illness. Use separate sheet, if needed.

Physician's Name Dr. Picha Uppal Specialty Internal Medicine Phone No. (503) 221 0611Street Address 800 SW 13th Ave

Fax No. (\_\_\_\_) \_\_\_\_\_

City Portland, ORState ORZIP 97205Date first consulted for this injury or illness 2/20/14Date last consulted 10/14/14Physician's Name Dr. Jim ChestnutSpecialty Concussion/Sports MedicinePhone No. (503) 494-6400Street Address 3303 SW Bond Ave.

Fax No. (\_\_\_\_) \_\_\_\_\_

City PortlandState ORZIP 97239Date first consulted for this injury or illness Unsure. Approx 4/14Date last consulted 9/9/14Physician's Name Emergency Room Doctor

Specialty \_\_\_\_\_

Phone No. (503) 413 2200Street Address Legacy Emanuel, 2801 N. Gantenbein Ave

Fax No. (\_\_\_\_) \_\_\_\_\_

City PortlandState ORZIP 97227Date first consulted for this injury or illness 2/19/14Date last consulted 2/19/14

## 7. Hospital If you were hospitalized for this condition, please complete. Please attach copy of hospital bill if available.

Hospital Name N/A

Address \_\_\_\_\_

From \_\_\_\_\_

Through \_\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

From \_\_\_\_\_

Through \_\_\_\_\_

Reason for Hospitalization \_\_\_\_\_

## 8. History List all illnesses or injuries for which you have received treatment over the past five years. Use separate sheet if needed.

| Ailment                  | Date            | Physician's Name | Complete Address                    |
|--------------------------|-----------------|------------------|-------------------------------------|
| Anemia                   | circa Sept 2012 | Dr. Picha Uppal  | 800 SW 13th Ave. Portland, OR 97205 |
| Can't recall any others. |                 |                  |                                     |
|                          |                 |                  |                                     |
|                          |                 |                  |                                     |
|                          |                 |                  |                                     |



## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employee's StatementClaimant's Name Bethany Coleman-Give

## 9. Deductible Income/Benefits From Other Sources

Your Group Disability plan is designed so that the income you receive from Standard Insurance Company and other sources (e.g., Social Security, Workers' Compensation, retirement system, and other income or benefits as described in your Group Policy as deductible income or benefits) combined will provide you with a percentage of predisability earnings, as defined in your Group Policy. Please review your Group Policy to determine how receipt of or eligibility for deductible income or benefits may impact your disability benefits. Please review your obligation to keep Standard Insurance Company informed of your application for and receipt of deductible income or benefits. Additionally, your Group Policy may allow Standard Insurance Company to reduce your disability benefit by estimated deductible income or benefits you are eligible to receive even if you have not applied for them. If your Group Policy states that Social Security benefits will be "deemed payable" even if not received, we will deduct from your disability benefit an estimated Social Security benefit for you and your dependents, based on your Social Security wage record. Please also understand that when deductible income or benefits are awarded you may receive a retroactive award (earlier date) and payment. This retroactive payment may result in an overpayment of your disability benefits because you would receive deductible income or benefits for a period during which you already have received disability benefits from Standard Insurance Company.

| Have you applied for or are you receiving benefits from:                            | Applied                  |                                     | Receiving                |                                     | Date Applied For | Amount Received |         | Effective Date |
|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------|-----------------|---------|----------------|
|                                                                                     | Yes                      | No                                  | Yes                      | No                                  |                  | Weekly          | Monthly |                |
| a. Social Security                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                  |                 |         |                |
| b. Workers' Compensation                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                  |                 |         |                |
| c. State Disability Insurance                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                  |                 |         |                |
| d. Retirement or Pension (Employer, PERS, STRS, PERA, etc.)<br>Please specify _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                  |                 |         |                |
| e. Other<br>(e.g., unemployment or union benefits, etc.)                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                  |                 |         |                |

Please send copies of any letters or notices approving or denying benefits.

## 10. Vocational Complete the following and/or attach a resume.

| Education level       | Yes                                 | No                       | If no, last grade attended. |                       |
|-----------------------|-------------------------------------|--------------------------|-----------------------------|-----------------------|
| Grade School Graduate | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                             |                       |
| High School Graduate  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                             |                       |
| GED                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                             |                       |
| College Graduate      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Degree <u>B.A.</u>          | Major <u>Politics</u> |
| Post Graduate         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Degree <u>J.D.</u>          | Major <u>NA</u>       |

Have you attended any trade schools or received other special training? ☐ Yes ☒ No If yes, please describe.

## Work Experience: Complete the following starting with your most recent work experience.

| Job Title & Employer                                         | Dates of Employment                                 | Duties                                                           | Last Salary         |
|--------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|---------------------|
| 1. <u>Associate Attorney</u><br><u>Davis Wright Tremaine</u> | From: <u>June 2013</u><br>To: <u>Current</u>        | <u>Draft legal memoranda, do legal research, meet w/ clients</u> | <u>117,500</u>      |
| 2. <u>Law Clerk</u><br><u>Bankruptcy Court</u>               | From: <u>September 2011</u><br>To: <u>June 2013</u> | <u>Research legal issues and draft legal memoranda</u>           | <u>82,000</u>       |
| 3. <u>Law Clerk</u><br><u>Dunn Conway</u>                    | From: <u>June 2010</u><br>To: <u>August 2010</u>    | <u>"</u>                                                         | <u>\$1800/week</u>  |
| 4. <u>Law Clerk</u><br><u>Oregon DOJ</u>                     | From: <u>June 2009</u><br>To: <u>August 2009</u>    | <u>"</u>                                                         | <u>\$ uncertain</u> |
| 5.                                                           | From:<br>To:                                        |                                                                  |                     |

## 11. Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 5 of this form.

Signature Bethany Coleman-Give Date 12/3/14

DEC 26 2014  
SIC BENEFITS DEPT



**Standard Insurance Company**

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208

**Long Term Disability Insurance  
Claim Form Fraud Notices**

Some states require us to provide the following information to you:

**CALIFORNIA RESIDENTS**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO RESIDENTS**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA RESIDENTS**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**MARYLAND AND RHODE ISLAND RESIDENTS**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY RESIDENTS**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW YORK RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**ALL OTHER RESIDENTS**

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Dr. Jeffrey Brown

Neurologist

1040 NW 22<sup>nd</sup> Ave. Ste 630

Portland, OR 97210

503-954-1566

Dr. Catherine M. Ellison

Neurologist

5050 NE Hoyt St. #315

Portland, OR 97213

503-963-3100

## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employer's Statement

## 1. Employee

Name of Employee **Bethany Coleman-Fire**

Address **4834 NE 17th Ave** City **Portland** State **OR** ZIP **97211**

Job Title **Associate Attorney** Class: ☐ Faculty/Teacher ☐ Technical/Professional ☐ Administration  
☐ Maintenance ☐ Secretarial/Clerical ☒ Other **0002**

Job Classification **Exempt Staff**

Phone No. ( **503** ) **778-5439** Date Employed **6/1/2013** Social Security No. **[REDACTED]**

## 2. Information

Date employee's LTD coverage became effective: ☒ Basic **6/1/2013** ☐ Buy-up \_\_\_\_\_

Work Location: Address **1300 SW Fifth Ave, Suite 2400, Portland, OR 97201** State \_\_\_\_\_ ZIP \_\_\_\_\_

Was employee given a Certificate? ☒ Yes ☐ No ☐ Don't Know

Was employee insured under previous LTD carrier? ☐ Yes ☒ No ☐ Effective Date \_\_\_\_\_

Employee's Medical Insurance carrier **Regence Blue Shield**

Phone No. ( **866** ) **240-9580** Effective date for medical insurance **6/1/2013**

Employee's status on date disability commenced:  
Actively at Work? ☒ Yes ☐ No If no, reason \_\_\_\_\_ Number of hours worked per week **40**

Last day of work before disability commenced **2/18/14** ☒ Exempt or ☐ Non-Exempt ☐ Union or ☐ Non-Union

Number of hours worked this day **8** Date employee returned to work after disability ended **still disabled but working pt since 8/1/14**

Have you considered allowing the claimant to work in another occupation, or modify or alter the job duties of the claimant's occupation, how the job is done (i.e., work schedule), or worksite? ☒ Yes ☐ No If yes, what alternatives were offered to the claimant?  
**She did attempt to return to work part time but due to vision problems and balance issues she had to stop working and go back on her leave of absence- she was kept in a full pay status until 8/1/14 when she again returned pt to work**

Does the employee participate in your formal retirement plan? ☒ Yes ☐ No Is the plan a qualified plan? ☒ Yes ☐ No

Is the employee eligible but not participating in your formal retirement plan? ☐ Yes ☒ No

Is the formal retirement plan carrier TIAA-CREF or another carrier? Please provide name, phone number and address of contact person. **Another carrier, One America, 225 Broadway, Suite 500, San Diego, CA 92101. Phone: 619-645-6127. This is a 401(k) plan.**

What is the employee's year-to-date retirement plan contribution? \$ **16,790.00**

Are the employee's contributions vested? ☒ Yes ☐ No

Is disability caused or contributed to by employment? ☐ Yes ☒ No ☐ Undetermined

Has employee filed a Workers' Compensation claim? ☐ Yes ☒ No ☐ Don't Know

Workers' Compensation Carrier Name **N/A** Claim No. \_\_\_\_\_ Date of Injury \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Person to contact \_\_\_\_\_

Is employment now terminated? ☐ Yes ☒ No Is employment scheduled for termination? ☐ Yes ☒ No

Reason \_\_\_\_\_ Date of termination \_\_\_\_\_

## 3. Salary at Time of Disability Please check only one box.

☒ Basic Monthly Earnings Monthly Rate \$ **9791.67 gross** ☐ Basic Weekly Earnings Weekly Rate \$ \_\_\_\_\_

☐ Basic Yearly Earnings Annual Rate \$ \_\_\_\_\_ ☐ Basic Hourly Earnings Hourly Rate \$ **56.4947**

☐ Basic Contract Earnings Contract Amount \$ \_\_\_\_\_ Length of Contract \_\_\_\_\_

☐ Commissions Please attach list of commissions paid for the period specified in your Group Policy.

☐ Shift Differential ☐ Bonuses

Date of last increase **1/1/14** Earnings prior to increase \$ **9375.00** per month Effective date **6/1/2013**

## 4. Compensation for Period After Disability

| Type                                  | Last date through which paid or payable | Amount / Rate                              |
|---------------------------------------|-----------------------------------------|--------------------------------------------|
| Sick Pay/Salary Continuation          |                                         | \$56.4947 per hour <b>RECEIVED</b> 7/31/14 |
| Self-insured Short Term Disability    |                                         |                                            |
| Wages/salary, earned after disability |                                         | \$56.4947 per hour <b>DEC 15 2014</b>      |
| Commissions, earned after disability  |                                         |                                            |

SI 3379

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**EXHIBIT 1**  
**SW BENEFITS PART 1 of 2**  
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ERS

STND 18-03985-000511

## Standard Insurance Company

Employee Benefits Department 800.368.1135 Tel 971.321.8400 Fax  
PO Box 2800 Portland OR 97208Long Term Disability Insurance  
Employer's Statement

## 5. Deductible Income/Benefits From Other Sources

| Is employee covered by or now receiving benefits from the following?                | Covered                             |                                     | Receiving                |                                     |                          | Date of Application | Amount |         | Effective Date |
|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------|--------|---------|----------------|
|                                                                                     | Yes                                 | No                                  | Yes                      | No                                  | Don't Know               |                     | Weekly | Monthly |                |
| a. Social Security                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |        |         |                |
| b. Workers' Compensation                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |        |         |                |
| c. State Disability Insurance                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |        |         |                |
| d. Retirement or Pension (Employer, PERS, STRS, PERA, etc.)<br>Please specify _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |        |         |                |
| e. Other _____<br>(e.g., unemployment or union benefits)                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                     |        |         |                |

## 6. Life Insurance

Was employee covered by Group Life Insurance with The Standard on cease work date? ☒ Yes ☐ No

If yes, list policy number(s) 445474

Date life insurance became effective 6/1/2013

Please attach original enrollment card.

Amount of Basic Life Insurance \$ 118,000 Additional/Optional \$ \_\_\_\_\_ Supplemental \$ \_\_\_\_\_ AD&D \$ \_\_\_\_\_

Dependent's Coverage? ☐ Yes ☒ No If yes, ☐ Spouse ☐ Child

**IMPORTANT: Please continue payment of premiums until otherwise notified.**

## 7. Tax Information

Employer's Federal Tax I.D. Number 91-0839480

Check one: ☒ We are a private-sector employer  
☐ We are a public-sector (government entity) employer

Is this employee subject to: Social Security taxes? ☒ Yes ☐ No Medicare taxes? ☒ Yes ☐ No  
Railroad Tier 1 taxes? ☐ Yes ☒ No Tier 1 Medicare taxes? ☐ Yes ☒ No  
State Disability taxes? ☐ Yes ☒ No Unemployment Compensation taxes? ☒ Yes ☐ No

If subject to Social Security taxes what are the employee's year to date Social Security wages? \$96,506.39 through 12/15/14

Does this employee pay all or a portion of the premium for LTD insurance coverage? ☐ Yes ☒ No

\*If yes, what percentage of the LTD premium does the employer pay 100 %.

\*the employee pay \_\_\_\_\_ % with "pre-tax" funds.

\*the employee pay \_\_\_\_\_ % with funds that have been taxed.

\* If yes, are employer paid premiums included in the employee's salary? ☐ Yes ☐ No

**\*IMPORTANT: Remember to calculate the premium contribution percentage information according to the IRS Group Policy (three year averaging) rule.**

## 8. Attachments

Please attach copies of the following:

|                                     |                                                                                                                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| a. Job Description                  | c. Enrollment or Election Form for Long Term Disability Insurance                                                 |
| b. Employment Application or Resume | d. Income From Other Sources (Deductible Benefits) Documents (Social Security, Workers' Compensation, PERS, etc.) |

## 9. Employer Representative Completing This Form

Employer Davis Wright Tremaine LLP Phone No. 206-622-3150 Policy Number 445474

Address 1201 3rd Ave, Suite 2200 City Seattle State WA ZIP 98101

**Acknowledgement**  
I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 15 of this form.

Signature Teresa Ballard Date 12/23/14

Prepared by Teresa Ballard Title Benefits Administrator

Phone No. ( 206 ) 757-8765 Fax No. ( 206 ) 757-7765 DEC 26 2014

SIC BENEFITS DEPT

EXHIBIT 1  
PART 1 of 2

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EPIC

File View Insert Search Letters Reports Window Help

SI: Company: SI Claim Event Nbr: D91206 BETHANY COLEMAN-FIRE

Claimant Claim Beneficiary/Payee Assign To Comments

Claimant COLEMAN-FIRE, BETHANY

Contract TIN: 445474 PROFESSIONAL SERVICES EMPLOYER

Group: Seattle Region: 2 Claimant Insurance Eff Dt: 06/01/2013

Claim Level: [ ]

Acquired From: [ ]

Claim Type: Non-death Received Dt: 07/08/2015 Non-Death Incurred Dt: 02/19/2014

Claimant Ceased Work Dt: 02/18/2014 Hire Dt: 06/01/2013

Estimated LIFE Face Amt \$01 Birth Dt: [ ] Deceased Dt: 00/00/0000

Estimated AD&D Face Amt \$00 Current Age: 34 Incurred Age: 30

Special Handling Required ☐ Contract Effective Date: 01/01/2013 Loan Number: [ ]

Member Relationship To Member: Member

Occupation: Lawyers Years of Education: 18

Annual Salary: 117,508.98 Salary Eff Dt: 01/01/2014

Member Insurance Eff Dt: 06/01/2013 Premium Paid Dt: 00/00/0000

Claim Reminders

Ready

EPIC

File View Insert Search Letters Reports Window Help

SI : Company: SI Claim Event Nbr: D91206 BETHANY COLEMAN-FIRE

Claimant Claim Beneficiary/Payee Assign To Comments

| Category             | Diagnosis                        | Primary                             | Secondary                |
|----------------------|----------------------------------|-------------------------------------|--------------------------|
| Injury and Poisoning | Concussion                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Aircraft              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Drowning              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Fall                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Fire                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Gunshot               | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Medical Care          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Accidents/Violence   | Accident - Motor Vehicle Related | <input type="checkbox"/>            | <input type="checkbox"/> |

Date of Insurance Application: 00/00/0000 Days Between Application And Hire:

Medical Evidence Required? ☐

Evidence Comment:

Active Claim? Claim Number

Ltd: ☒ vw3181

Std: ☐

Claim Reminders

EPIC

File View Insert Search Letters Reports Window Help

SI: Company: SI Claim Event Nbr: D91206 BETHANY COLEMAN-FIRE

Claimant | Claim | **Beneficiary/Payee** | Assign To | Comments

| Beneficiary / Payee Name | Status |
|--------------------------|--------|
|                          |        |

III

| Expense Payee Name | Status |
|--------------------|--------|
|                    |        |

III

Adjudication Status

| Available Status Reasons | Assigned Status Reasons | Expired |
|--------------------------|-------------------------|---------|
|                          |                         |         |

Claim Reminders

Ready

EPIC

File View Insert Search Letters Reports Window Help

SI: Company: SI Claim Event Nbr: D91206 BETHANY COLEMAN-FIRE

Claimant | Claim | Beneficiary/Payee | Assign To | Comments

Claim Event Status:  DOL 45 Days DOL 90 Days DOL 180 Days

Contested? ☐ Sent to QA Date 00/00/0000 Scheduled Date: 08/22/2015 Scheduled Date: 10/06/2015 Scheduled Date: 01/04/2016

QA Decision  Actual Date: 00/00/0000 Actual Date: 00/00/0000 Actual Date: 00/00/0000

QA Decision Date 00/00/0000

| Completed                           | Assigned Employee                | Assignment | Phone    | From       | Through    |
|-------------------------------------|----------------------------------|------------|----------|------------|------------|
| <input checked="" type="checkbox"/> | [Baker, Jean] (inactive profile) | Processor  | 321-6338 | 07/08/2015 | 07/09/2015 |
| <input checked="" type="checkbox"/> | [Baker, Jean] (inactive profile) | Primary    | 321-6338 | 07/09/2015 | 02/01/2016 |
| <input type="checkbox"/>            | LaSasso, Dashiell                | Processor  | 321-6624 | 02/01/2016 | 00/00/0000 |

Claim Reminders

Ready



Comment Type: Claim

Claim Event #: D91206

Created: 02/01/2016

Closed per mismatch report.

Dashiell LaSasso

Comment Type: Claim

Claim Event #: D91206

Last Update: 07/09/2015

Created: 07/09/2015

Waiver Approved by Necole Suzuki, analysyt.

Basic amount of Life Insurance is 1x annual earnings, AE= \$117,508.98 and round up \$1K = \$118K  
Non Contributory

No Additional life coverages.

Terms at SSNRA age 67

I requested another bene to complete as in file it states spouse so sending another just for update.

assignment: no

Accel: 75%10%

Jean Baker

## LTD Life Waiver Of Premium Work Request Form

| Referral Information     |                                                                       |
|--------------------------|-----------------------------------------------------------------------|
| Claimant Name:           | Bethany Coleman-Fire                                                  |
| Date Referred:           | 7/7/2015                                                              |
| Referring LTD Analyst:   | Necole Suzuki                                                         |
| LTD Analyst Extension:   | 3198                                                                  |
| LTD Claim No:            | 00VW3181                                                              |
| Life Contract/Policy No: | 445474                                                                |
| Waiver Claim No:         | If no waiver claim number, why I'm having EPC passnad problems. Argh! |
| Claim Assistant:         | Kath                                                                  |
| Team Code:               | CCC                                                                   |

| Waiver with Active or Pending LTD |                                                                  |
|-----------------------------------|------------------------------------------------------------------|
| Work Request:                     | Approve and Close                                                |
| Special Handling:                 | Yes (explain special handing in comments section below)          |
| Comments:                         | PSET claim -- see LTD overview. Claim approved through 12/12/14. |

| LWOP Team Use Only                                                  |                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Waiver Examiner:                                                    |                                                                                                  |
| Date Assigned:                                                      |                                                                                                  |
| Returned to LTD Analyst:                                            | Reason for Return: JEAN BAKER                                                                    |
| Date Returned to Waiver Examiner:                                   | 7/8/15                                                                                           |
| Additional Info Requested by WE:                                    | Description:                                                                                     |
| DE Entered for Reductions & Terms:                                  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| DE Entered for Beneficiary Info:                                    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| WOR Completed Date:                                                 | 7-9-2015                                                                                         |
| Date LTD File Returned to LTD:                                      | 7-9-2015                                                                                         |
| CL WP RC Entered/Date                                               |                                                                                                  |
| Additional Work Required? If yes, what and date that was initiated: |                                                                                                  |
| Additional Work Completed date/Returned to Examiner                 |                                                                                                  |

Please note Additional Work action required and in/out dates below:

| Date                  | Action Required |
|-----------------------|-----------------|
|                       |                 |
|                       |                 |
|                       |                 |
|                       |                 |
|                       |                 |
| CL WP RT Entered/Date | 7-9-2015        |

## Reference: Frequently Used Diary Events/Annual Approval Letters

|                                                         |                                                    |
|---------------------------------------------------------|----------------------------------------------------|
| CL LE CU  Waiver ends at age 65                         | CL LE CS  Waiver reduces at age 70 and 75          |
| CL LE CV  Waiver ends when Policy terminates (true CLI) | CL LE CP  Waiver ends at age 70                    |
| CL LE CT  Waiver ends at retirement                     | CL LE CC  Waiver reduces at age 65, ends at age 70 |

EXHIBIT 1

PART 1 of 2

Claimant Name: Bethany Coleman-Fire

Claim# 00VW3181 Page 518 of 1248

# WAIVER SUMMARY CLAIM SHEET

CLAIM TYPE: Non-death  
 CLAIM NUMBER: D91206  
 CLAIM STATUS: Active  
 MEMBER NAME: BETHANY COLEMAN-FIRE  
 ADDRESS: 4834 NE 17TH AVE  
 PORTLAND OR  
 USA 97211  
 PHONE NUMBER: 503-320-9504

Primary Assigned EE: Jean Baker  
 SS#: [REDACTED] DOB: [REDACTED]  
 GENDER: F Cur. Age: 31  
 Education 18 Inc. Age: 30  
 Occupation: Lawyers  
 Hire Date: 6/1/2013  
 ANNUAL SALARY: \$117,509  
 Primary DIAGNOSIS: Concussion  
 Secondary DIAGNOSIS:

## CLAIM INFO:

Contract Name and Number: 445474  
 PROFESSIONAL SERVICES EMPLOYER  
 State of Issue: WA Group Office: SEA  
 CLAIMANT INS. EFFECTIVE DATE: 6/1/2013

Contract Effective Date: 1/1/2013  
 Contract Termination Date:  
 EVIDENCE REQUIRED: N  
 Ceased Work Date: 2/18/2014  
 Std Claim #:  
 Ltd Claim #: vw3181

Types of coverage this person has:

Corresponding Benefit Amount

## COVERAGE

Basic Term Life

Original Approved Amt:

Approved Amt:

\$118,000.00

\$118,000.00

1.00 times salary and rounding up \$1,000.00 and minimum benefit amount is \$50,000.00 and maximum benefit amount is \$500,000.00

Class Description: Eligible active associate or of counsel attorneys working in the United States and expected

Amount of Basic Insurance: 118,000.00

Enroll date: Enroll card: Y/N

Reductions: Age: Amount:

Age: Amount:

Termination Date: SS, PRA Age 67

Amount of Additional Insurance:

Enroll date: Enroll card: Y/N

Reductions: Age: Amount:

Age: Amount:

Amount of Supplemental Insurance:

Enroll date: Enroll card: Y/N

Reductions: Age: Amount:

Age: Amount:

Termination Date:

Completed by: Jean Baker 7-9-15

Reviewed by: Jean Baker 7-9-15

Initial Decision: Approved ☐

Denied ☐

Reason

Signature

Date

LTD CLI Flag by

Date

Subsequent Decision:

Closed ☐

Reason

Signature

Date

EPIC input by

Date

LTD CLI Flag by

Date

Dependents Insurance: Y/N

Continued Under Waiver: Y/N

Amounts: Spouse:

Child:

Terminal Liability:

Waiting Period for Waiver:

Assignment:

AD&D Waiver:

Conversion Provision:

Accelerated Benefit: 50% or 75%

Beneficiary designation made: Y/N

Date Evidence Approved:

List Billed or Summary Billed

Contributory: Y/N/Both

Employee Termination Date:

Refund from Date: 3-1-2014

Premium Paid Date:

SIGN  
HERE

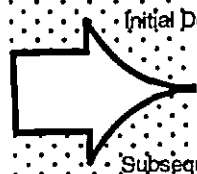


EXHIBIT 1  
 PART 1 of 2  
 Page 519 of 1248

**Jean Baker**

**From:** jbaker2@standard.com  
**Sent:** Thursday, July 09, 2015 8:43 AM  
**To:** Jean Baker  
**Subject:** Waiver Checklist/Job Aid for

This is a copy of the information you submitted from the Waiver Checklist/Job Aid webpage. Please keep for your records.

Employee Name: *Jean Baker*  
 Claimant Name: *Bethany Coleman-Fine*  
 \*\*\*\*\*  
 \*\*\*\*\*

1. Does the claimant have life insurance with Waiver of Premium?  
Yes, the same policy number as LTD
2. Is a short duration denial appropriate?  
No
3. Based on age, is the claimant eligible for LWOP?  
Yes
4. Does the claimant meet the Active Work and Member requirements?  
Yes
5. Are premiums paid up to date?  
Yes
6. How much Life Insurance eligible for LWOP does the claimant have?

|                  |            |
|------------------|------------|
| Basic            | 118,000.00 |
| Additional       |            |
| Supplemental     |            |
| Dependent/Spouse |            |
| Dependent/Child  |            |
| AD&D             |            |
| Other            |            |

7. When does Waiver of Premium End, based on age?  
ssnra 67
8. Does Insurance Reduce?  
No                      Age:                      Amount:
9. Is Insurance Contributory or NonContributory (if any portion is Contributory, choose Contributory)?  
NonContributory
10. Have Enrollment forms been received?
11. Date Enrollment Requested from ER?

12. Date claimant's Life Insurance became Effective:

06/01/2013

13. Was Evidence Required (If Evidence was required for any portion of the insurance, choose Yes)?

No

14. Date Evidence Approved?

15. Is a rescission investigation needed?

16. What was outcome of the rescission investigation?

17. Does the claimant meet the Definition Of Disability for longer than the Benefit Waiting Period?

Yes

Waiting Period for LWOP: 180 days

18. What is the decision, based on all information in the file?

Approve

If approved, refund from date: 03/01/2014

19. Is beneficiary information documented in file?

No

20. We do not have an original beneficiary card, the following applies:

The employer does not have a beneficiary designation, I requested one from the claimant

21. Is approval within your Authority Guidelines?

Yes

22. Analyst signature:

Jean Baker 1-9-15

23. Approver's Signature:

Jean Baker 1-9-15

24. Assignment: No  
AD&D: Yes  
Conversion: Yes  
Accelerated: Yes  
Percent: 75%  
Billing: Summary Billed

25. Waiver Summary Sheet reviewed, accurate, signed and dated:

Yes

# **WAIVER OF PREMIUM CALCULATOR LTD WITH LWOP**

*Final* *1291206*

|                                                               |                                    |                                |                     |               |                |
|---------------------------------------------------------------|------------------------------------|--------------------------------|---------------------|---------------|----------------|
| Claimant name: <i>Bethany Coleman</i>                         |                                    | EPIC claim: <del>1291206</del> |                     |               |                |
| Confirmed definition of annual earnings?                      | Frequency Code                     | Amount                         | Annualized Earnings | Rounded Up    | Rounded down   |
| <b>Earnings:</b>                                              | <b>h</b>                           | \$56.49                        | \$ 117,508.98       | \$ 118,000.00 | \$ 117,000.00  |
| <i>hrs/wk if not 40</i>                                       |                                    |                                |                     |               |                |
|                                                               | Earnings Multiplier:<br>(e.g. 2.0) | Face Amount:                   | Rounded Up          | Rounded down  | Other Rounding |
|                                                               |                                    |                                |                     |               | (enter amount) |
| <b>Basic:</b>                                                 | <b>1.0</b>                         | \$ 117,508.98                  | \$ 118,000          | \$ 117,000    |                |
| <b>Basic Other:</b>                                           |                                    | Amount selected by EE or ER    |                     |               |                |
| <b>Additional:</b>                                            |                                    | \$ -                           | \$ -                | \$ -          |                |
| <b>Additional Other:</b>                                      |                                    | Amount selected by EE or ER    |                     |               |                |
| <b>Supplemental:</b>                                          |                                    | \$ -                           | \$ -                | \$ -          |                |
| <b>Additional Other:</b>                                      |                                    | Amount selected by EE or ER    |                     |               |                |
| <b>Frequency codes:</b>                                       |                                    |                                |                     |               |                |
| H                                                             | Hourly (40 hrs)                    | <b>Rate multiplier:</b>        |                     | <b>Notes:</b> |                |
| W                                                             | Weekly                             | x 2080                         |                     |               |                |
| B                                                             | Bi-weekly                          | x 52                           |                     |               |                |
| S                                                             | Semi-monthly                       | x 26                           |                     |               |                |
| M                                                             | Monthly                            | x 24                           |                     |               |                |
| A                                                             | Annual                             | x 12                           |                     |               |                |
| O                                                             | Hourly other than 40 hrs           | x 1                            |                     |               |                |
|                                                               |                                    | x hrs/wk x 52                  |                     |               |                |
| <i>Note: Definition of AE may require manual calculation.</i> |                                    |                                |                     |               |                |



Group Insurance  
Enrollment  
Beneficiary Form

PLEASE PRINT

Standard Insurance Co.  
Portland, Oregon

|                                                                      |                                                                                                                                                                                                           |                                                                            |                                                                                                                                                        |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Policy Number<br>                                                    | Suffix<br>                                                                                                                                                                                                | Employer Name (Policyowner)<br>DWT (Professional Services Employers Trust) | Social Security Number<br>[REDACTED]                                                                                                                   |
| Member Name (Last, First, M.I.)<br><u>Coleman-Fire Bethany Lynne</u> |                                                                                                                                                                                                           |                                                                            | Male <input type="checkbox"/><br>Female <input checked="" type="checkbox"/>                                                                            |
| Date Employed<br>Mo   Day   Year<br><u>6   3   2013</u>              |                                                                                                                                                                                                           |                                                                            | Birthdate<br>Mo   Day   Year<br>[REDACTED]                                                                                                             |
| Workplace Location (State)<br><u>Oregon</u>                          | Select Plans: <input checked="" type="checkbox"/> Group Life <input checked="" type="checkbox"/> Group LTD<br><input type="checkbox"/> AD&D Employee only <input type="checkbox"/> AD&D Employee & Family |                                                                            | Eff. Date of Insurance<br>Mo   Day   Year<br><u>6   1   2013</u>                                                                                       |
| Occupation<br><u>Lawyer Associate Attorney</u>                       | Hours Worked Each Week<br>For This Employer<br>Not incl. overtime)<br><u>40</u>                                                                                                                           | Base Earnings From<br>This Employer<br>\$ <u>110,000</u>                   | Hr. <input type="checkbox"/> Wk. <input type="checkbox"/><br>Mo. <input type="checkbox"/> Yr. <input checked="" type="checkbox"/><br><u>\$4,687.50</u> |

Complete for Life, AD&amp;D, and Additional Life coverages only. Give full name, address, and relationship of your beneficiary.

Examples:

- A. One Beneficiary Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (not Mrs. John Smith)
- B. Two Beneficiaries Peter Smith, Father, and Anna Smith, Mother, equally or the survivor
- C. Two Beneficiaries in Unequal Shares Peter Smith, Father, three-fourths (3/4), and Anna Smith, Mother, one-fourth (1/4), or the survivor
- D. One Primary and One Contingent Beneficiary Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son
- E. One Primary and Two Contingent Beneficiaries Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor.
- F. Trustee Dorothy Q. Smith, Trustee under trust agreement dated \_\_\_\_\_
- G. Insured's Estate My Estate

you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

DEC 26 2014

Beneficiary - Complete for Life and AD&amp;D Insurance

Full Name, Address and Social Security #, Percentage

Leora Coleman-Fire 4834 NE Elm Ave, Portland, OR

Relationship

SIC BENEFITS DEPT

Wife

I apply for Insurance under the Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the cost of my insurance.

x

Date 6/4/13

Note: Beneficiary designation is not valid unless this form is signed and dated.

Policyowner Use Only: (Use this area to record initial amounts as well as future changes)

| Effective Date | Class | Life/AD&D Amount | Dependents Life Amount | Voluntary AD&D Amount | Additional Life Amount | STD Benefit Volume | LTD Insured Earnings |
|----------------|-------|------------------|------------------------|-----------------------|------------------------|--------------------|----------------------|
|                |       |                  |                        |                       |                        |                    |                      |
|                |       |                  |                        |                       |                        |                    |                      |
|                |       |                  |                        |                       |                        |                    |                      |

Group Administrator: Do not send this form to Standard unless asked to do so. Keep this form in your file.

**DETAILED JOB SPECIALTY REPORT**

Page: 1

From Job Browser Pro - by SkillTRAN - <http://www.skilltran.com>

For: Bethany Coleman-Fire, 00VW3181

**DESCRIPTION**

110.107-010 LAWYER

ADVOCATE; ATTORNEY; COUNSELOR; COUNSELOR-AT-LAW. Conducts criminal and civil lawsuits, draws up legal documents, advises clients as to legal rights, and practices other phases of law: Gathers evidence in divorce, civil, criminal, and other cases to formulate defense or to initiate legal action. Conducts research, interviews clients, and witnesses and handles other details in preparation for trial. Prepares legal briefs, develops strategy, arguments and testimony in preparation for presentation of case. Files brief with court clerk. Represents client in court, and before quasi-judicial or administrative agencies of government. Interprets laws, rulings, and regulations for individuals and businesses. May confer with colleagues with specialty in area of lawsuit to establish and verify basis for legal proceedings. May act as trustee, guardian, or executor. May draft wills, trusts, transfer of assets, gifts and other documents. May advise corporate clients concerning transactions of business involving internal affairs, stockholders, directors, officers and corporate relations with general public. May supervise and coordinate activities of subordinate legal personnel. May prepare business contracts, pay taxes, settle labor disputes, and administer other legal matters. May teach college courses in law. May specialize in specific phase of law.

**APTITUDES****PERCENTILE****TYPICAL PERFORMANCE**

|                            |     |              |                 |
|----------------------------|-----|--------------|-----------------|
| General Learning Ability   | G-1 | Over 89%ile  | Superior        |
| Verbal                     | V-1 | Over 89%ile  | Superior        |
| Numerical                  | N-1 | Over 89%ile  | Superior        |
| Spatial Perception         | S-4 | 10 to 33%ile | Below Average   |
| Form Perception            | P-4 | 10 to 33%ile | Below Average   |
| Clerical Perception        | Q-3 | 34 to 65%ile | Average         |
| Motor Coordination         | K-4 | 10 to 33%ile | Below Average   |
| Finger Dexterity           | F-4 | 10 to 33%ile | Below Average   |
| Manual Dexterity           | M-4 | 10 to 33%ile | Below Average   |
| Eye/Hand/Foot Coordination | E-5 | Under 10%ile | Minimal or none |
| Color Discrimination       | C-5 | Under 10%ile | Minimal or none |

**TEMPERAMENTS - (Personal Adaptability)**

(Situations to which the worker must adapt)

I - Influencing people in their opinions attitudes, or judgements about ideas or things.

V - Performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure.

P - Dealing with people beyond giving and receiving instructions.

J - Making generalizations, evaluations, or decisions based on sensory or judgmental criteria.

**PHYSICAL DEMANDS**

STRENGTH: Sedentary

Exert force to 10 lbs. occasionally, or a negligible amount of force frequently to lift, carry, push, pull, or move objects.

**OTHER PHYSICAL DEMANDS:**

CL - Climbing - Not Present

DOT

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 524 of 1248**



**DETAILED JOB SPECIALTY REPORT**

Page: 2

From Job Browser Pro - by SkillTRAN - <http://www.skilltran.com>**For: Bethany Coleman-Fire, 00VW3181**

BA - Balancing - Not Present  
 ST - Stooping - Not Present  
 KN - Kneeling - Not Present  
 CR - Crouching - Not Present  
 CW - Crawling - Not Present  
 RE - Reaching - Frequent  
 HA - Handling - Frequent  
 FI - Fingering - Frequent  
 FE - Feeling - Not Present  
 TA - Talking - Constant  
 HE - Hearing - Constant  
 TS - Tasting/Smelling - Not Present

**VISION:**

NE - Near Acuity - Frequent  
 FA - Far Acuity - Not Present  
 DE - Depth Perception - Not Present  
 AC - Accommodation - Occasional  
 CV - Color Vision - Not Present  
 FV - Field of Vision - Not Present

**COMMON ENVIRONMENTAL WORKING CONDITIONS (to which the worker is exposed):**

WE - Exposure to weather - Not Present  
 CO - Extreme cold - Not Present  
 HO - Extreme heat - Not Present  
 WT - Wet and/or Humid - Not Present  
 NO - Noise Intensity Level - Moderate  
 VI - Vibration - Not Present  
 AT - Atmospheric Conditions - Not Present  
 MV - Moving Mechanical Parts Hazard - Not Present  
 EL - Electrical Shock Hazard - Not Present  
 HI - High, Exposed Place Hazard - Not Present  
 RA - Exposure to Radiation - Not Present  
 EX - Explosion Hazard - Not Present  
 TX - Toxic/Caustic Chemical Hazard - Not Present  
 OT - Other Environmental Conditions - Not Present

**QUICK VIEW CODES**

R M L SVP: 8 Aptitudes: G V N S P Q K F M E C  
 GED: 6 4 6 Temperaments: I V P J 1 1 1 4 4 3 4 4 4 5 5  
 STRENGTH: S

Physical Demands: CL BA ST KN CR CW RE HA FI FE TA HE TS NE FA DE AC CV FV  
 N N N N N N F F F N C C N F N N O N N

Environmental Conditions: WE CO HO WT NO VI AT MV EL HI RA EX TX OT  
 N N N N 3 N N N N N N N N N

Paul Kangas, MS, CRC  
 Vocational Case Manager  
 January 12, 2016

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 525 of 1248**

**LABOR MARKET SURVEY**

|                    |                      |                  |
|--------------------|----------------------|------------------|
| <b>ACCOUNT:</b>    | The Standard         | <b>CLIENT:</b>   |
| <b>ADDRESS:</b>    | Oregon               | <b>ADDRESS:</b>  |
| <b>ATTN:</b>       | Paul Kangas          | <b>PHONE #:</b>  |
| <b>CLAIM #:</b>    |                      | <b>SSN:</b>      |
|                    |                      | <b>EMPLOYER:</b> |
| <b>DOI:</b>        |                      | <b>CLIENT'S</b>  |
| <b>DIAGNOSIS:</b>  |                      | <b>ATTY:</b>     |
|                    |                      | <b>DEFENSE</b>   |
|                    |                      | <b>ATTY:</b>     |
| <b>Vocational</b>  | Sarah P. S. Coughlin | <b>DATE OF</b>   |
| <b>Consultant:</b> |                      | <b>REPORT:</b>   |
|                    |                      | April 14, 2016   |

**LABOR MARKET SURVEY**

**REFERRAL REQUEST(S):** At the request of Paul Kangas, a Labor Market Survey was conducted on the national level for the occupation of Lawyer.

**BACKGROUND INFORMATION:**

This is a generic labor market survey, and therefore there is no specific background information.

**Occupation Researched:**

|                   |                 |
|-------------------|-----------------|
| <u>OCCUPATION</u> | <u>DOT CODE</u> |
| Lawyer            | 110.107-010     |

The specific questions are:

**What is the title of the position within your organization?**

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?**

**How many positions are there?**

**Are there openings?**

LMS

## Labor Market Research

Contact was made with Thirty-eight employers regarding the position of Lawyer in the national economy. Thirty employers provided information. This was done in all areas of law. All of these employers except #1, #2, and #3 stated that they do have current openings. The employers contacted indicated that the earnings for a 40 hour week meet \$7,833.00 – \$7,888.00/month. However, all except #3, #6, #18, and #23 stated that the person would be working more than 40 hours per week (50-70). Employer # 23 stated the hours are 40 hours per week but the salary was less than \$7,833.00 – \$7,888.00/month. They all stated that perhaps the person could start up their own law office and state their hours.

Employers who did not provide information:

1. Klein Landau and Romm - New York, NY (212) 822-1448
2. O'Connor LLC – Boston, MA (617) 723-7201
3. DATLAW2014 - Orlando, FL Not able to get the telephone number
4. Tepper & Takvoryan - Beverly Hills, CA (310) 859-9754
5. Century City Law Firm - Los Angeles, CA (310) 286-2000
6. Vestas - Portland, OR Not able to get the telephone number
7. Ater Wynne LLP - Portland, OR (503) 226-1191
8. Eastside Law Firm - Bellevue, WA (425)-999-9061

**1). Employer Name:** Arabez & Morris

**Employer Contact:** Wes Morris

**Phone:** 508-697-7619

**Address:** Bridgewater, MA

**What is the title of the position within your organization?** Lawyer general

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 4

**Are there openings?** No

**2). Employer Name:** Leonard Schneider Law Offices

**Employer Contact:** Leonard Schneider

**Phone:** (508) 379-0800

**Address:** 28 Market St, Swansea, MA

**What is the title of the position within your organization?** Lawyer – Workers' Compensation

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 1

**Are there openings?** No

**3). Employer Name:** William P Dennis Law Offices

**Employer Contact:** Attorney Dennis

**Phone:** (401) 254-2992

**Address:** 576 Metacom Ave # 2, Bristol, RI

**What is the title of the position within your organization?** Lawyer Estate Planning

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** Yes

**How many positions are there?** 1

**Are there openings?** No

**4). Employer Name:** JS Barkats PLLC

**Employer Contact:** Name was not provided

**Phone:** 1-888-638-6980

**Address:** 18 East 41 Street, 14 Floor, New York, NY

**What is the title of the position within your organization?** Staff Attorney

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 16

**Are there openings?** Yes

**5). Employer Name:** Juvenile Law Center

**Employer Contact:** Kathy

**Phone:** (215) 625-0551

**Address:** 1315 Walnut Street, 4th Floor, Philadelphia, PA

**What is the title of the position within your organization?** Lawyer Juvenile Justice

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 4

**Are there openings?** Yes

**6). Employer Name:** U.S. Securities & Exchange Commission

**Employer Contact:** Name was not provided.

**Phone:** (202) 551-6046

**Address:** Philadelphia, Pennsylvania

**What is the title of the position within your organization?** Trial Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** Sometimes

**How many positions are there?** Several

**Are there openings?** Yes

**7). Employer Name:** DLA Piper LLP

**Employer Contact:** Stacy

**Phone:** 404 736 7800

**Address:** 1201 West Peachtree Street, Suite 2800, Atlanta, Georgia

**What is the title of the position within your organization?** Real-Estate Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**8). Employer Name:** Ga. Dept. of Public Safety

**Employer Contact:** Name was not provided.

**Phone:** 404-656-2705

**Address:** 200 Piedmont Avenue SE, Suite 502, West Tower, Atlanta, Georgia

**What is the title of the position within your organization?** Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**9). Employer Name:** Caplan Cobb LLP

**Employer Contact:** Toni

**Phone:** (404) 596-5600

**Address:** 75 Fourteenth Street, N.E., Atlanta, Georgia

**What is the title of the position within your organization?** Litigation Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 8

**Are there openings?** Yes

**10). Employer Name:** George McCranie Law Firm

**Employer Contact:** Name not provided.

**Phone:** 229-232-4114

**Address:** 1400 Baytree Road, Valdosta, Georgia

**What is the title of the position within your organization?** Lawyer – criminal defense

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 1

**Are there openings?** Yes

**11). Employer Name:** PeopleFirst – State of Florida Department of Transportation  
**Employer Contact:** Jason  
**Phone:** 850-414-5356  
**Address:** 605 Suwannee Street, MS# 58, Tallahassee, FL  
**What is the title of the position within your organization?** Special Counsel  
**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No  
**How many positions are there?** Did not know  
**Are there openings?** Yes

**12). Employer Name:** Katina Pantazis  
**Employer Contact:** Katina  
**Phone:** 352-600-2987  
**Address:** 510 County Road 466, Suite 201, Lady Lake, FL  
**What is the title of the position within your organization?** Elder Law Lawyer  
**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No  
**How many positions are there?** 1  
**Are there openings?** Yes

**13). Employer Name:** Marshall Dennehey Warner Coleman & Goggin, P.C.  
**Employer Contact:** Cynthia  
**Phone:** (407) 420-4380  
**Address:** 315 E. Robinson Street, Suite 550, Orlando, FL  
**What is the title of the position within your organization?** Lawyer civil litigation  
**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No  
**How many positions are there?** Many  
**Are there openings?** Yes

**14). Employer Name:** Ogletree Deakins  
**Employer Contact:** Kim  
**Phone:** (615) 254-1900  
**Address:** 401 Commerce St, Nashville, TN  
**What is the title of the position within your organization?** Lawyer - labor and employment  
**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No  
**How many positions are there?** Several  
**Are there openings?** Yes

**15). Employer Name:** Massey and Associates, Inc

**Employer Contact:** Ellie

**Phone:** (423) 697-4529

**Address:** 1024 E Ml King Blvd, Chattanooga, TN

**What is the title of the position within your organization?** Lawyer – all areas

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**16). Employer Name:** Marshall Dennehey Warner Coleman & Goggin, P.C.

**Employer Contact:** Sam

**Phone:** (513) 372-6800

**Address:** 312 Elm Street, Suite 1850, Cincinnati, OH

**What is the title of the position within your organization?** Lawyer – insurance defense

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Many

**Are there openings?** Yes

**17). Employer Name:** MS Legal Search

**Employer Contact:** Morgan

**Phone:** 713-807-8500

**Address:** Indiana

**What is the title of the position within your organization?** In-House Counsel

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**18). Employer Name:** UpCounsel

**Employer Contact:** Name was not provided

**Phone:** (855) 879-3076

**Address:** Chicago, IL

**What is the title of the position within your organization?** Contract Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** Yes

**How many positions are there?** Several

**Are there openings?** Yes

**19). Employer Name:** Schiff Hardin LLP

**Employer Contact:** Noah

**Phone:** (312) 258-5500

**Address:** 233 S Wacker Drive, Suite 7200, Chicago, IL

**What is the title of the position within your organization?** Lawyer - general

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**20). Employer Name:** Securities and Exchange Commission

**Employer Contact:** Melissa

**Phone:** (202)551-3955

**Address:** Chicago, IL

**What is the title of the position within your organization?** Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**21). Employer Name:** Stange Law Firm, PC

**Employer Contact:** Melissa

**Phone:** (217) 717-8605

**Address:** 400 S 9th St Suite 100, Springfield, IL

**What is the title of the position within your organization?** Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**22). Employer Name:** Hr-Haven, Inc

**Employer Contact:** Jenna

**Phone:** 855-474-2836

**Address:** Overland Park, KS

**What is the title of the position within your organization?** Lawyer - trial

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes



**23). Employer Name:** Montana Department of Labor and Industry

**Employer Contact:** Jeannie

**Phone:** 406-444-3710

**Address:** Montana

**What is the title of the position within your organization?** Lawyer - employer law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No - \$58,239.00 - \$77,859.00/yr but it is 40 hrs/week.

**How many positions are there?** A couple

**Are there openings?** Yes

**24). Employer Name:** Studebaker Legal Services, P.C.

**Employer Contact:** Becky

**Phone:** 801-627-9100

**Address:** 1196 South Jordan Parkway. South Jordan, Utah

**What is the title of the position within your organization?** Lawyer –divorce and criminal law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 2

**Are there openings?** Yes

**25). Employer Name:** Bachus & Schanker, LLC

**Employer Contact:** Name was not provided

**Phone:** (720) 506-9323

**Address:** 1899 Wynkoop St, Ste 700, Denver, CO

**What is the title of the position within your organization?** Lawyer –Litigation and personal injury law.

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Many – several locations

**Are there openings?** Yes

**26). Employer Name:** Wegman Partners LLC/ Holland & Hart

**Employer Contact:** Name was not provided

**Phone:** 404-812-5330

**Address:** Las Vegas, NV

**What is the title of the position within your organization?** Lawyer – all areas of law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Over 500 in different locations

**Are there openings?** Yes

**27). Employer Name:** Wilson Elser

**Employer Contact:** Dianna

**Phone:** (702) 727-1400

**Address:** 300 South 4th Street 11th Floor Las Vegas, NV

**What is the title of the position within your organization?** Defense Litigation Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**28). Employer Name:** Shaw Valenza LLP

**Employer Contact:** Roni

**Phone:** (916) 326-5150

**Address:** 980 9th St # 2300, Sacramento, CA

**What is the title of the position within your organization?** Employment Litigation Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 6

**Are there openings?** Yes

**29). Employer Name:** Office of the Chief Trial Counsel - The State Bar of California

**Employer Contact:** Name not provided.

**Phone:** (213)765-1000

**Address:** Los Angeles, CA

**What is the title of the position within your organization?** Lawyer - prosecution trial

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Several

**Are there openings?** Yes

**30). Employer Name:** Hanna Brophy

**Employer Contact:** Name not provided

**Phone:** 714-598-4050

**Address:** 701 S. Parker Street, Suite 6000, Orange, CA

**What is the title of the position within your organization?** Lawyer - Compensation

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Many

**Are there openings?** Yes

**Summary of Results:**

This completes the labor market survey.

The results were discussed with Paul Kangas. If you require additional information or need clarification of my findings, please do not hesitate to call me. My home office phone number is 401-253-7066.

**Report submitted by:** Sarah Coughlin MA, CDMS, QRC  
Vocational Consultant

**LABOR MARKET SURVEY**

|                    |                      |                  |
|--------------------|----------------------|------------------|
| <b>ACCOUNT:</b>    | The Standard         | <b>CLIENT:</b>   |
| <b>ADDRESS:</b>    | Oregon               | <b>ADDRESS:</b>  |
| <b>ATTN:</b>       | Paul Kangas          | <b>PHONE #:</b>  |
| <b>CLAIM #:</b>    |                      | <b>SSN:</b>      |
|                    |                      | <b>EMPLOYER:</b> |
| <b>DOI:</b>        |                      | <b>CLIENT'S</b>  |
| <b>DIAGNOSIS:</b>  |                      | <b>ATTY:</b>     |
|                    |                      | <b>DEFENSE</b>   |
|                    |                      | <b>ATTY:</b>     |
| <b>Vocational</b>  | Sarah P. S. Coughlin | <b>DATE OF</b>   |
| <b>Consultant:</b> |                      | <b>REPORT:</b>   |
|                    |                      | April 14, 2016   |

LA

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**REFERRAL REQUEST(S):** At 1  
conducted on the national level for th

a Labor Market Survey was

**BACKGROUND INFORMATION:**

This is a generic labor market survey, and therefore there is no specific background information.

**Occupation Researched:**

|                   |                 |
|-------------------|-----------------|
| <u>OCCUPATION</u> | <u>DOT CODE</u> |
| Lawyer            | 110.107-010     |

The specific questions are:

**What is the title of the position within your organization?**

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?**

**How many positions are there?**

**Are there openings?**

**Labor Market Research**

Contact was made with Thirty-eight employers regarding the position of Lawyer in the national economy. Thirty employers provided information. This was done in all areas of law. All of these

**EXHIBIT 1****PART 1 of 2****Page 536 of 1248**

**LABOR MARKET SURVEY**

|                    |                      |                  |
|--------------------|----------------------|------------------|
| <b>ACCOUNT:</b>    | The Standard         | <b>CLIENT:</b>   |
| <b>ADDRESS:</b>    | Oregon               | <b>ADDRESS:</b>  |
| <b>ATTN:</b>       | Paul Kangas          | <b>PHONE #:</b>  |
| <b>CLAIM #:</b>    |                      | <b>SSN:</b>      |
|                    |                      | <b>EMPLOYER:</b> |
| <b>DOI:</b>        |                      | <b>CLIENT'S</b>  |
|                    |                      | <b>ATTY:</b>     |
| <b>DIAGNOSIS:</b>  |                      | <b>DEFENSE</b>   |
|                    |                      | <b>ATTY:</b>     |
| <b>Vocational</b>  | Sarah P. S. Coughlin | <b>DATE OF</b>   |
| <b>Consultant:</b> |                      | <b>REPORT:</b>   |
|                    |                      | April 14, 2016   |

**LABOR MARKET SURVEY**

**REFERRAL REQUEST(S):** At the request of Paul Kangas, a Labor Market Survey was conducted on the national level for the occupation of Lawyer.

**BACKGROUND INFORMATION:**

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**Occupation Researched:**

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| <u>OCCUPATION</u> | <u>DOT CODE</u> |
| Lawyer            | 110.107-010     |

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**EXHIBIT 1****PART 1 of 2****Page 537 of 1248**

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3. DATLAW2014 - Orlando, FL Not able to get the telephone number
4. Tepper & Takvoryan - Beverly Hills, CA (310) 859-9754
5. Century City Law Firm - Los Angeles, CA (310) 286-2000
6. Vestas - Portland, OR Not able to get the telephone number
7. Ater Wynne LLP - Portland, OR (503) 226-1191
8. Eastside Law Firm - Bellevue, WA (425)-999-9061

**1). Employer Name:** Arabez & Morris

**Employer Contact:** Wes Morris

**Phone:** 508-697-7619

**Address:** Bridgewater, MA

**What is the title of the position within your organization?** Lawyer general

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

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**Are there openings?** No

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**Employer Contact:** Leonard Schneider

**Phone:** (508) 379-0800

**Address:** 28 Market St, Swansea, MA

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**Employer Contact:** Attorney Dennis

**Phone:** (401) 254-2992

**Address:** 576 Metacom Ave # 2, Bristol, RI

**What is the title of the position within your organization?** Lawyer Estate Planning

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** Yes

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**4). Employer Name:** JS Barkats PLLC

**Employer Contact:** Name was not provided

**Phone:** 1-888-638-6980

**Address:** 18 East 41 Street, 14 Floor, New York, NY

**What is the title of the position within your organization?** Staff Attorney

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**How many positions are there?** 16

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**5). Employer Name:** Juvenile Law Center

**Employer Contact:** Kathy

**Phone:** (215) 625-0551

**Address:** 1315 Walnut Street, 4th Floor, Philadelphia, PA

**What is the title of the position within your organization?** Lawyer Juvenile Justice

**Do positions exist within this occupation that allow one to earn \$7,833.00 – \$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 4

**Are there openings?** Yes

**6). Employer Name:** U.S. Securities & Exchange Commission

**Employer Contact:** Name was not provided.

**Phone:** (202) 551-6046

**Address:** Philadelphia, Pennsylvania

**What is the title of the position within your organization?** Trial Lawyer

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**How many positions are there?** Several

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**Phone:** 404 736 7800

**Address:** 1201 West Peachtree Street, Suite 2800, Atlanta, Georgia

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**Phone:** 404-656-2705

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**What is the title of the position within your organization?** Lawyer

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**Employer Contact:** Toni

**Phone:** (404) 596-5600

**Address:** 75 Fourteenth Street, N.E., Atlanta, Georgia

**What is the title of the position within your organization?** Litigation Lawyer

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**Employer Contact:** Name not provided.

**Phone:** 229-232-4114

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**Employer Contact:** Jason

**Phone:** 850-414-5356

**Address:** 605 Suwannee Street, MS# 58, Tallahassee, FL

**What is the title of the position within your organization?** Special Counsel

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Did not know

**Are there openings?** Yes

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**Employer Contact:** Katina

**Phone:** 352-600-2987

**Address:** 510 County Road 466, Suite 201, Lady Lake, FL

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**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 1

**Are there openings?** Yes

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**Employer Contact:** Cynthia

**Phone:** (407) 420-4380

**Address:** 315 E. Robinson Street, Suite 550, Orlando, FL

**What is the title of the position within your organization?** Lawyer civil litigation

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**



\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Many

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How many positions are there? Many

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17). Employer Name: MS Legal Search

Employer Contact: Morgan

Phone: 713-807-8500

Address: Indiana

What is the title of the position within your organization? In-House Counsel

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Several

Are there openings? Yes

18). Employer Name: UpCounsel

Employer Contact: Name was not provided

Phone: (855) 879-3076

Address: Chicago, IL

What is the title of the position within your organization? Contract Lawyer

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? Yes

How many positions are there? Several

Are there openings? Yes

19). Employer Name: Schiff Hardin LLP

Employer Contact: Noah

Phone: (312) 258-5500

Address: 233 S Wacker Drive, Suite 7200, Chicago, IL

What is the title of the position within your organization? Lawyer - general

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Several

Are there openings? Yes

20). Employer Name: Securities and Exchange Commission

Employer Contact: Melissa

Phone: (202)551-3955

Address: Chicago, IL

What is the title of the position within your organization? Lawyer

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Several

Are there openings? Yes

21). Employer Name: Stange Law Firm, PC

Employer Contact: Melissa

Phone: (217) 717-8605

Address: 400 S 9th St Suite 100, Springfield, IL

What is the title of the position within your organization? Lawyer

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Several

Are there openings? Yes

22). Employer Name: Hr-Haven, Inc

Employer Contact: Jenna

Phone: 855-474-2836

Address: Overland Park, KS

What is the title of the position within your organization? Lawyer - trial

Do positions exist within this occupation that allow one to earn \$7,833.00 –

\$7,888.00/month while working no more than 40 hours/week? No

How many positions are there? Several

Are there openings? Yes

**23). Employer Name:** Montana Department of Labor and Industry

**Employer Contact:** Jeannie

**Phone:** 406-444-3710

**Address:** Montana

**What is the title of the position within your organization?** Lawyer - employer law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No - \$58,239.00 -

**\$77,859.00/yr but it is 40 hrs/week.**

**How many positions are there?** A couple

**Are there openings?** Yes

**24). Employer Name:** Studebaker Legal Services, P.C.

**Employer Contact:** Becky

**Phone:** 801-627-9100

**Address:** 1196 South Jordan Parkway. South Jordan, Utah

**What is the title of the position within your organization?** Lawyer –divorce and criminal law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** 2

**Are there openings?** Yes

**25). Employer Name:** Bachus & Schanker, LLC

**Employer Contact:** Name was not provided

**Phone:** (720) 506-9323

**Address:** 1899 Wynkoop St, Ste 700, Denver, CO

**What is the title of the position within your organization?** Lawyer –Litigation and personal injury law.

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Many – several locations

**Are there openings?** Yes

**26). Employer Name:** Wegman Partners LLC/ Holland & Hart

**Employer Contact:** Name was not provided

**Phone:** 404-812-5330

**Address:** Las Vegas, NV

**What is the title of the position within your organization?** Lawyer – all areas of law

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

**\$7,888.00/month while working no more than 40 hours/week?** No

**How many positions are there?** Over 500 in different locations

**Are there openings?** Yes

**27). Employer Name:** Wilson Elser

**Employer Contact:** Dianna

**Phone:** (702) 727-1400

**Address:** 300 South 4th Street 11th Floor Las Vegas, NV

**What is the title of the position within your organization?** Defense Litigation Lawyer

**Do positions exist within this occupation that allow one to earn \$7,833.00 –**

\$7,888.00/month while working no more than 40 hours/week? No  
How many positions are there? Several  
Are there openings? Yes

28). Employer Name: Shaw Valenza LLP  
Employer Contact: Roni  
Phone: (916) 326-5150  
Address: 980 9th St # 2300, Sacramento, CA  
What is the title of the position within your organization? Employment Litigation Lawyer  
Do positions exist within this occupation that allow one to earn \$7,833.00 –  
\$7,888.00/month while working no more than 40 hours/week? No  
How many positions are there? 6  
Are there openings? Yes

29). Employer Name: Office of the Chief Trial Counsel - The State Bar of California  
Employer Contact: Name not provided.  
Phone: (213)765-1000  
Address: Los Angeles, CA  
What is the title of the position within your organization? Lawyer - prosecution trial  
Do positions exist within this occupation that allow one to earn \$7,833.00 –  
\$7,888.00/month while working no more than 40 hours/week? No  
How many positions are there? Several  
Are there openings? Yes

30). Employer Name: Hanna Brophy  
Employer Contact: Name not provided  
Phone: 714-598-4050  
Address: 701 S. Parker Street, Suite 6000, Orange, CA  
What is the title of the position within your organization? Lawyer - Compensation  
Do positions exist within this occupation that allow one to earn \$7,833.00 –  
\$7,888.00/month while working no more than 40 hours/week? No  
How many positions are there? Many  
Are there openings? Yes

#### **Summary of Results:**

This completes the labor market survey.

The results were discussed with Paul Kangas. If you require additional information or need clarification of my findings, please do not hesitate to call me. My home office phone number is 401-253-7066.

**Report submitted by:** Sarah Coughlin MA, CDMS, QRC  
Vocational Consultant

**Dawn Schonberg**

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**From:** Dawn Schonberg  
**Sent:** Monday, April 18, 2016 9:28 AM  
**To:** Paul Kangas  
**Subject:** LMS update

Hi Paul –

Would you give me an update on the LMS we're doing for Bethany Coleman-Fire? I have a status letter due today.  
Thanks!

**Dawn Schonberg | Senior Benefits Review Specialist**  
**Administrative Review Unit**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.8765 | Fax 971.321.5038  
[dawn.schonberg@standard.com](mailto:dawn.schonberg@standard.com) | [www.standard.com](http://www.standard.com)

**DAWN SCHONBERG**

SENIOR BENEFITS REVIEW SPECIALIST

Standard Insurance Company  
(971) 321-8765

3/3/16 Paul - you have previously reviewed this RLE before. As you know, the claimant returned to work PT 8/1/14 & appears to have continued less than FT since that time.

Currently, we need additional information regarding the occupation of Attorney, DOT 110.107-010 & we need a labor Market Survey completed. The primary question needed for the ARU review is:

- Do jobs exist within the occupation that allow her to earn 80% of her PDE while working no more than 40 h/week?


The income level is average due to the claim dates:

to 2/15: 7833.34/m

to 2/16: 7856.85/m

to 2/17: 7888.18/m

As per usual CMS info, pls also incl. positions, openings, etc.

  
THE STANDARD

**EXHIBIT 1**  
**PART 1 of 2**  
**Page 546 of 1248**

## Dawn Schonberg

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**From:** Dawn Schonberg  
**Sent:** Thursday, March 31, 2016 11:55 AM  
**To:** 'Ballard, Teresa'  
**Subject:** RE: Bethany Coleman-Fire

Great, thanks Teresa!

**Dawn Schonberg | Senior Benefits Review Specialist**  
**Administrative Review Unit**  
The Standard  
Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.8765 | Fax 971.321.5038  
[dawn.schonberg@standard.com](mailto:dawn.schonberg@standard.com) | [www.standard.com](http://www.standard.com)

**From:** Ballard, Teresa [<mailto:TeresaBallard@dwt.com>]  
**Sent:** Thursday, March 31, 2016 9:54 AM  
**To:** Dawn Schonberg  
**Subject:** RE: Bethany Coleman-Fire

Hi,

This was a combination of a moderate step increase and a more significant market adjustment that was made to the Portland salary scale for associates for 2016 (roughly 9-10% increase to each level on the scale). Please let me know if you have any further questions.

Sincerely,

**Teresa Ballard, SPHR | Davis Wright Tremaine LLP**  
Benefits Administrator  
1201 Third Avenue, Suite 2200 | Seattle, WA 98101  
Tel: (206) 757-8765 | Fax: (206) 757-7765  
Email: [teresaballard@dwt.com](mailto:teresaballard@dwt.com) | Website: [www.dwt.com](http://www.dwt.com)

Anchorage | Bellevue | Los Angeles | New York | Portland | San Francisco | Seattle | Shanghai | Washington, D.C.

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**From:** Dawn Schonberg [<mailto:dawn.schonberg@standard.com>]  
**Sent:** Wednesday, March 30, 2016 2:26 PM  
**To:** Ballard, Teresa  
**Subject:** Bethany Coleman-Fire

Hi Teresa –

I'm working through the payroll you sent me and I have a quick question. I see that beginning the pay period of 1/16/16 – 1/31/16, Ms. Coleman-Fire received a large raise, from \$57.6967/h to \$66.3513/h. Was there some sort of promotion or reassignment or something else of significance that resulted in such a large raise? The prior year's raise was only a little over \$1.00/h.

Elve \$ A

Dawn Schonberg | Senior Benefits Review Specialist  
Administrative Review Unit  
The Standard  
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900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.8765 | Fax 971.321.5038  
[dawn.schonberg@standard.com](mailto:dawn.schonberg@standard.com) | [www.standard.com](http://www.standard.com)



3/30/16  
88hp

## Billable Hours

DOH 6/1/13  
LOW 2/15/14  
RTW 8/1/14min billable hours: 90/m  
1080/y

|              |           |        |
|--------------|-----------|--------|
|              | June 2013 | 146.20 |
|              | July 2013 | 136.90 |
|              | Aug 2013  | 164.80 |
|              | Sept 2013 | 161.90 |
|              | Oct 2013  | 165.40 |
|              | Nov 2013  | 122.30 |
|              | Dec 2013  | 101.40 |
|              | Jan 2014  | 164.20 |
| DOH →        | Feb 2014  | 71.40  |
|              | Mar 2014  | 0.70   |
|              | Apr 2014  | 23.76  |
|              | May 2014  | 13.30  |
|              | June 2014 | 0      |
|              | July 2014 | 0      |
| RTW →        | Aug 2014  | 67.80  |
|              | Sept 2014 | 62.90  |
|              | Oct 2014  | 92.0   |
|              | Nov 2014  | 123.0  |
| clm closed → | Dec 2014  | 27.40  |
|              | Jan 2015  | 92.60  |
|              | Feb 2015  | 72.20  |
|              | Mar 2015  | 114.90 |
|              | Apr 2015  | 104.90 |
|              | May 2015  | 58.10  |
|              | June 2015 | 68.60  |
|              | July 2015 | 74.60  |
|              | Aug 2015  | 70.40  |
|              | Sept 2015 | 75.10  |
|              | Oct 2015  | 76.20  |
|              | Nov 2015  | 80.10  |
|              | Dec 2015  | 105.40 |
|              | Jan 2016  | 70.30  |
|              | Feb 2016  | 29.30  |

no billable hours

2/15/16 - 3/23/16  
EXHIBIT 1  
PART 1 of 2  
Page 549 of 1248

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 1

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 12/16/2014 | 4.20           | 1.60              |
| COLBE      | 12/17/2014 | 2.60           | 1.10              |
| COLBE      | 12/18/2014 | 7.20           | 0.00              |
| COLBE      | 12/19/2014 | 1.80           | 0.00              |
| COLBE      | 12/22/2014 | 0.70           | 0.00              |
| COLBE      | 12/23/2014 | 4.50           | 0.00              |
| COLBE      | 12/29/2014 | 3.40           | 0.00              |
| COLBE      | 12/30/2014 | 1.30           | 0.00              |
| COLBE      | 12/31/2014 | 1.70           | 0.00              |
| COLBE      | 01/02/2015 | 1.40           | 0.00              |
| COLBE      | 01/03/2015 | 0.80           | 0.00              |
| COLBE      | 01/05/2015 | 3.70           | 0.00              |
| COLBE      | 01/06/2015 | 10.60          | 0.00              |
| COLBE      | 01/07/2015 | 1.90           | 0.00              |
| COLBE      | 01/08/2015 | 7.60           | 0.00              |
| COLBE      | 01/09/2015 | 10.20          | 0.00              |
| COLBE      | 01/12/2015 | 2.40           | 3.60              |
| COLBE      | 01/13/2015 | 2.70           | 3.40              |
| COLBE      | 01/14/2015 | 2.10           | 0.00              |
| COLBE      | 01/15/2015 | 2.00           | 0.00              |
| COLBE      | 01/16/2015 | 1.90           | 0.00              |
| COLBE      | 01/20/2015 | 3.10           | 0.00              |
| COLBE      | 01/21/2015 | 6.30           | 0.00              |
| COLBE      | 01/22/2015 | 2.60           | 1.00              |
| COLBE      | 01/23/2015 | 5.40           | 0.00              |
| COLBE      | 01/26/2015 | 4.80           | 1.10              |
| COLBE      | 01/27/2015 | 5.10           | 0.00              |
| COLBE      | 01/28/2015 | 6.60           | 0.00              |
| COLBE      | 01/29/2015 | 5.70           | 0.00              |
| COLBE      | 01/30/2015 | 5.70           | 0.00              |
| COLBE      | 02/02/2015 | 3.20           | 0.00              |
| COLBE      | 02/03/2015 | 4.90           | 0.00              |
| COLBE      | 02/04/2015 | 3.80           | 0.00              |
| COLBE      | 02/05/2015 | 2.50           | 3.50              |
| COLBE      | 02/06/2015 | 3.50           | 6.50              |
| COLBE      | 02/07/2015 | 0.00           | 8.00              |
| COLBE      | 02/08/2015 | 0.00           | 8.00              |
| COLBE      | 02/09/2015 | 0.40           | 8.00              |
| COLBE      | 02/10/2015 | 1.20           | 8.00              |
| COLBE      | 02/11/2015 | 0.10           | 6.50              |
| COLBE      | 02/12/2015 | 3.50           | 2.10              |
| COLBE      | 02/13/2015 | 6.30           | 0.00              |
| COLBE      | 02/15/2015 | 3.80           | 0.00              |
| COLBE      | 02/16/2015 | 2.90           | 0.00              |
| COLBE      | 02/17/2015 | 3.60           | 0.00              |
| COLBE      | 02/18/2015 | 5.40           | 0.00              |
| COLBE      | 02/19/2015 | 0.10           | 0.00              |
| COLBE      | 02/20/2015 | 2.40           | 0.00              |
| COLBE      | 02/22/2015 | 1.20           | 0.00              |
| COLBE      | 02/23/2015 | 4.20           | 0.00              |
| COLBE      | 02/24/2015 | 2.20           | 0.00              |
| COLBE      | 02/25/2015 | 4.20           | 0.00              |
| COLBE      | 02/26/2015 | 1.80           | 0.00              |
| COLBE      | 02/27/2015 | 3.40           | 0.00              |

2/28/15

7.60

✓27.40

✓92.60

✓22.70

12/14 0/0/0  
 12/12/14 0/0/0  
 12/11/14 0/0/0

no billable hours at  
 all  
 beg 2/15/16 - 2/23/16

worksheets only

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 1

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 12/16/2014 | 4.20           | 1.60              |
| COLBE      | 12/17/2014 | 2.60           | 1.10              |
| COLBE      | 12/18/2014 | 7.20           | 0.00              |
| COLBE      | 12/19/2014 | 1.80           | 0.00              |
| COLBE      | 12/22/2014 | 0.70           | 0.00              |
| COLBE      | 12/23/2014 | 4.50           | 0.00              |
| COLBE      | 12/29/2014 | 3.40           | 0.00              |
| COLBE      | 12/30/2014 | 1.30           | 0.00              |
| COLBE      | 12/31/2014 | 1.70           | 0.00              |
| COLBE      | 01/02/2015 | 1.40           | 0.00              |
| COLBE      | 01/03/2015 | 0.80           | 0.00              |
| COLBE      | 01/05/2015 | 3.70           | 0.00              |
| COLBE      | 01/06/2015 | 10.60          | 0.00              |
| COLBE      | 01/07/2015 | 1.90           | 0.00              |
| COLBE      | 01/08/2015 | 7.60           | 0.00              |
| COLBE      | 01/09/2015 | 10.20          | 0.00              |
| COLBE      | 01/12/2015 | 2.40           | 3.60              |
| COLBE      | 01/13/2015 | 2.70           | 3.40              |
| COLBE      | 01/14/2015 | 2.10           | 0.00              |
| COLBE      | 01/15/2015 | 2.00           | 0.00              |
| COLBE      | 01/16/2015 | 1.90           | 0.00              |
| COLBE      | 01/20/2015 | 3.10           | 0.00              |
| COLBE      | 01/21/2015 | 6.30           | 0.00              |
| COLBE      | 01/22/2015 | 2.60           | 1.00              |
| COLBE      | 01/23/2015 | 5.40           | 0.00              |
| COLBE      | 01/26/2015 | 4.80           | 1.10              |
| COLBE      | 01/27/2015 | 5.10           | 0.00              |
| COLBE      | 01/28/2015 | 6.60           | 0.00              |
| COLBE      | 01/29/2015 | 5.70           | 0.00              |
| COLBE      | 01/30/2015 | 5.70           | 0.00              |
| COLBE      | 02/02/2015 | 3.20           | 0.00              |
| COLBE      | 02/03/2015 | 4.90           | 0.00              |
| COLBE      | 02/04/2015 | 3.80           | 0.00              |
| COLBE      | 02/05/2015 | 2.50           | 3.50              |
| COLBE      | 02/06/2015 | 3.50           | 6.50              |
| COLBE      | 02/07/2015 | 0.00           | 8.00              |
| COLBE      | 02/08/2015 | 0.00           | 8.00              |
| COLBE      | 02/09/2015 | 0.40           | 8.00              |
| COLBE      | 02/10/2015 | 1.20           | 8.00              |
| COLBE      | 02/11/2015 | 0.10           | 6.50              |
| COLBE      | 02/12/2015 | 3.50           | 2.10              |
| COLBE      | 02/13/2015 | 6.30           | 0.00              |
| COLBE      | 02/15/2015 | 3.80           | 0.00              |
| COLBE      | 02/16/2015 | 2.90           | 0.00              |
| COLBE      | 02/17/2015 | 3.60           | 0.00              |
| COLBE      | 02/18/2015 | 5.40           | 0.00              |
| COLBE      | 02/19/2015 | 0.10           | 0.00              |
| COLBE      | 02/20/2015 | 2.40           | 0.00              |
| COLBE      | 02/22/2015 | 1.20           | 0.00              |
| COLBE      | 02/23/2015 | 4.20           | 0.00              |
| COLBE      | 02/24/2015 | 2.20           | 0.00              |
| COLBE      | 02/25/2015 | 4.20           | 0.00              |
| COLBE      | 02/26/2015 | 1.80           | 0.00              |
| COLBE      | 02/27/2015 | 3.40           | 0.00              |

2/28/15

7.60

✓27.40

✓92.60

✓12.20

12/14 0/0/0  
 12/12/14 0/0/0  
 12/11/14 0/0/0

Washcoats

any

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 2

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 02/28/2015 | 7.60           | 0.00              |
| COLBE      | 03/01/2015 | 3.20           | 0.00              |
| COLBE      | 03/02/2015 | 5.20           | 0.00              |
| COLBE      | 03/03/2015 | 4.20           | 0.00              |
| COLBE      | 03/04/2015 | 6.10           | 0.30              |
| COLBE      | 03/05/2015 | 3.30           | 0.00              |
| COLBE      | 03/06/2015 | 2.60           | 0.00              |
| COLBE      | 03/07/2015 | 1.60           | 0.00              |
| COLBE      | 03/08/2015 | 2.10           | 0.00              |
| COLBE      | 03/09/2015 | 5.80           | 0.00              |
| COLBE      | 03/10/2015 | 5.60           | 2.40              |
| COLBE      | 03/11/2015 | 4.70           | 0.00              |
| COLBE      | 03/12/2015 | 2.40           | 0.00              |
| COLBE      | 03/13/2015 | 2.70           | 0.00              |
| COLBE      | 03/14/2015 | 2.70           | 0.00              |
| COLBE      | 03/15/2015 | 3.30           | 0.00              |
| COLBE      | 03/16/2015 | 4.70           | 0.00              |
| COLBE      | 03/17/2015 | 8.40           | 1.40              |
| COLBE      | 03/18/2015 | 6.50           | 0.00              |
| COLBE      | 03/19/2015 | 5.50           | 0.00              |
| COLBE      | 03/20/2015 | 3.40           | 0.00              |
| COLBE      | 03/23/2015 | 6.80           | 0.10              |
| COLBE      | 03/24/2015 | 3.90           | 0.00              |
| COLBE      | 03/25/2015 | 2.10           | 0.00              |
| COLBE      | 03/26/2015 | 6.00           | 0.00              |
| COLBE      | 03/27/2015 | 3.60           | 0.00              |
| COLBE      | 03/30/2015 | 7.30           | 0.00              |
| COLBE      | 03/31/2015 | 1.20           | 1.20              |
| COLBE      | 04/01/2015 | 0.90           | 0.00              |
| COLBE      | 04/02/2015 | 3.70           | 0.00              |
| COLBE      | 04/03/2015 | 4.50           | 0.00              |
| COLBE      | 04/06/2015 | 4.60           | 0.00              |
| COLBE      | 04/07/2015 | 6.20           | 0.00              |
| COLBE      | 04/08/2015 | 7.90           | 0.00              |
| COLBE      | 04/09/2015 | 5.30           | 1.70              |
| COLBE      | 04/10/2015 | 4.10           | 0.00              |
| COLBE      | 04/12/2015 | 3.90           | 0.00              |
| COLBE      | 04/13/2015 | 6.50           | 0.00              |
| COLBE      | 04/14/2015 | 2.50           | 2.00              |
| COLBE      | 04/15/2015 | 4.00           | 1.40              |
| COLBE      | 04/16/2015 | 2.50           | 0.00              |
| COLBE      | 04/17/2015 | 1.20           | 0.00              |
| COLBE      | 04/20/2015 | 4.20           | 0.00              |
| COLBE      | 04/21/2015 | 5.30           | 1.00              |
| COLBE      | 04/22/2015 | 4.60           | 1.00              |
| COLBE      | 04/23/2015 | 4.60           | 1.00              |
| COLBE      | 04/24/2015 | 5.50           | 0.00              |
| COLBE      | 04/27/2015 | 3.40           | 0.00              |
| COLBE      | 04/28/2015 | 5.10           | 1.00              |
| COLBE      | 04/29/2015 | 8.20           | 0.00              |
| COLBE      | 04/30/2015 | 6.20           | 0.30              |
| COLBE      | 05/01/2015 | 3.40           | 0.00              |
| COLBE      | 05/02/2015 | 0.00           | 6.50              |
| COLBE      | 05/03/2015 | 0.00           | 8.00              |

✓114.90

✓104.90

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 3

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 05/04/2015 | 0.90           | 8.40              |
| COLBE      | 05/05/2015 | 0.00           | 8.00              |
| COLBE      | 05/06/2015 | 4.50           | 8.00              |
| COLBE      | 05/07/2015 | 1.50           | 0.00              |
| COLBE      | 05/11/2015 | 1.40           | 1.90              |
| COLBE      | 05/12/2015 | 4.40           | 3.10              |
| COLBE      | 05/13/2015 | 2.60           | 0.00              |
| COLBE      | 05/14/2015 | 0.30           | 8.00              |
| COLBE      | 05/15/2015 | 4.10           | 8.00              |
| COLBE      | 05/16/2015 | 0.00           | 8.00              |
| COLBE      | 05/17/2015 | 0.00           | 8.00              |
| COLBE      | 05/18/2015 | 5.90           | 0.30              |
| COLBE      | 05/19/2015 | 4.90           | 0.00              |
| COLBE      | 05/20/2015 | 1.20           | 0.00              |
| COLBE      | 05/21/2015 | 2.90           | 6.60              |
| COLBE      | 05/22/2015 | 3.90           | 2.30              |
| COLBE      | 05/26/2015 | 3.40           | 0.00              |
| COLBE      | 05/27/2015 | 5.20           | 0.00              |
| COLBE      | 05/28/2015 | 4.00           | 4.50              |
| COLBE      | 05/29/2015 | 3.60           | 0.50              |
| COLBE      | 06/01/2015 | 5.70           | 0.40              |
| COLBE      | 06/02/2015 | 3.40           | 1.60              |
| COLBE      | 06/03/2015 | 2.10           | 2.80              |
| COLBE      | 06/04/2015 | 3.90           | 1.20              |
| COLBE      | 06/05/2015 | 4.40           | 1.50              |
| COLBE      | 06/08/2015 | 4.70           | 0.50              |
| COLBE      | 06/09/2015 | 5.20           | 0.00              |
| COLBE      | 06/10/2015 | 4.90           | 0.20              |
| COLBE      | 06/11/2015 | 0.70           | 5.90              |
| COLBE      | 06/12/2015 | 4.40           | 0.00              |
| COLBE      | 06/15/2015 | 4.40           | 0.00              |
| COLBE      | 06/16/2015 | 2.20           | 1.80              |
| COLBE      | 06/17/2015 | 2.80           | 0.00              |
| COLBE      | 06/18/2015 | 1.20           | 1.00              |
| COLBE      | 06/19/2015 | 3.90           | 0.00              |
| COLBE      | 06/22/2015 | 4.30           | 0.00              |
| COLBE      | 06/23/2015 | 2.30           | 1.00              |
| COLBE      | 06/24/2015 | 2.20           | 0.00              |
| COLBE      | 06/25/2015 | 2.80           | 1.00              |
| COLBE      | 06/26/2015 | 2.10           | 0.00              |
| COLBE      | 06/29/2015 | 0.30           | 0.00              |
| COLBE      | 06/30/2015 | 0.70           | 0.00              |
| COLBE      | 07/01/2015 | 0.60           | 0.00              |
| COLBE      | 07/06/2015 | 0.20           | 1.00              |
| COLBE      | 07/07/2015 | 2.50           | 0.40              |
| COLBE      | 07/08/2015 | 2.40           | 0.80              |
| COLBE      | 07/09/2015 | 1.30           | 2.10              |
| COLBE      | 07/10/2015 | 5.90           | 0.00              |
| COLBE      | 07/11/2015 | 2.10           | 0.00              |
| COLBE      | 07/13/2015 | 4.30           | 8.00              |
| COLBE      | 07/14/2015 | 0.00           | 8.00              |
| COLBE      | 07/15/2015 | 1.80           | 8.00              |
| COLBE      | 07/16/2015 | 4.30           | 1.40              |
| COLBE      | 07/17/2015 | 3.50           | 2.00              |

+3.4 5/1/15

✓58.10

✓68.60

28.90 to 7/1/15

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 4

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 07/20/2015 | 2.60           | 0.00              |
| COLBE      | 07/21/2015 | 6.20           | 0.00              |
| COLBE      | 07/22/2015 | 3.90           | 0.50              |
| COLBE      | 07/23/2015 | 2.70           | 0.00              |
| COLBE      | 07/24/2015 | 4.40           | 0.00              |
| COLBE      | 07/25/2015 | 0.20           | 0.00              |
| COLBE      | 07/27/2015 | 4.80           | 0.00              |
| COLBE      | 07/28/2015 | 5.20           | 0.00              |
| COLBE      | 07/29/2015 | 4.10           | 0.00              |
| COLBE      | 07/30/2015 | 4.90           | 0.00              |
| COLBE      | 07/31/2015 | 6.70           | 0.00              |
| COLBE      | 08/01/2015 | 2.10           | 0.00              |
| COLBE      | 08/02/2015 | 1.80           | 0.00              |
| COLBE      | 08/03/2015 | 4.50           | 0.90              |
| COLBE      | 08/04/2015 | 4.00           | 0.00              |
| COLBE      | 08/05/2015 | 4.40           | 5.00              |
| COLBE      | 08/06/2015 | 0.30           | 8.00              |
| COLBE      | 08/07/2015 | 0.30           | 8.00              |
| COLBE      | 08/08/2015 | 0.00           | 8.00              |
| COLBE      | 08/10/2015 | 2.60           | 0.00              |
| COLBE      | 08/11/2015 | 0.80           | 0.40              |
| COLBE      | 08/12/2015 | 4.40           | 0.90              |
| COLBE      | 08/13/2015 | 2.20           | 3.60              |
| COLBE      | 08/14/2015 | 1.00           | 7.00              |
| COLBE      | 08/15/2015 | 1.40           | 0.00              |
| COLBE      | 08/16/2015 | 2.40           | 0.00              |
| COLBE      | 08/17/2015 | 2.90           | 0.00              |
| COLBE      | 08/18/2015 | 4.90           | 0.00              |
| COLBE      | 08/19/2015 | 7.50           | 0.00              |
| COLBE      | 08/20/2015 | 0.50           | 0.00              |
| COLBE      | 08/21/2015 | 0.60           | 0.00              |
| COLBE      | 08/24/2015 | 3.00           | 0.00              |
| COLBE      | 08/25/2015 | 5.90           | 0.00              |
| COLBE      | 08/26/2015 | 2.50           | 1.00              |
| COLBE      | 08/27/2015 | 4.10           | 3.60              |
| COLBE      | 08/28/2015 | 1.70           | 1.70              |
| COLBE      | 08/31/2015 | 4.60           | 1.00              |
| COLBE      | 09/01/2015 | 2.80           | 0.00              |
| COLBE      | 09/02/2015 | 3.00           | 1.70              |
| COLBE      | 09/03/2015 | 3.30           | 0.00              |
| COLBE      | 09/04/2015 | 3.20           | 0.00              |
| COLBE      | 09/05/2015 | 0.40           | 0.00              |
| COLBE      | 09/08/2015 | 5.50           | 0.00              |
| COLBE      | 09/09/2015 | 4.00           | 0.00              |
| COLBE      | 09/10/2015 | 2.00           | 0.00              |
| COLBE      | 09/11/2015 | 4.90           | 0.00              |
| COLBE      | 09/12/2015 | 1.90           | 0.00              |
| COLBE      | 09/13/2015 | 4.20           | 0.00              |
| COLBE      | 09/14/2015 | 4.70           | 0.00              |
| COLBE      | 09/15/2015 | 4.70           | 0.00              |
| COLBE      | 09/16/2015 | 1.80           | 0.00              |
| COLBE      | 09/17/2015 | 4.90           | 0.00              |
| COLBE      | 09/18/2015 | 0.00           | 8.00              |
| COLBE      | 09/19/2015 | 0.00           | 8.00              |

45.70 + 28.90

✓74.00

✓10.00

✓51.3 to 9/19

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 5

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 09/20/2015 | 0.20           | 6.00              |
| COLBE      | 09/21/2015 | 5.10           | 0.00              |
| COLBE      | 09/22/2015 | 2.40           | 0.00              |
| COLBE      | 09/23/2015 | 3.70           | 0.00              |
| COLBE      | 09/24/2015 | 1.00           | 0.00              |
| COLBE      | 09/25/2015 | 2.70           | 0.00              |
| COLBE      | 09/26/2015 | 0.10           | 0.00              |
| COLBE      | 09/27/2015 | 0.10           | 0.00              |
| COLBE      | 09/28/2015 | 4.20           | 0.00              |
| COLBE      | 09/29/2015 | 3.90           | 0.00              |
| COLBE      | 09/30/2015 | 0.40           | 0.00              |
| COLBE      | 10/01/2015 | 1.20           | 0.00              |
| COLBE      | 10/02/2015 | 0.40           | 0.00              |
| COLBE      | 10/05/2015 | 3.40           | 0.00              |
| COLBE      | 10/06/2015 | 3.10           | 0.00              |
| COLBE      | 10/07/2015 | 4.00           | 0.00              |
| COLBE      | 10/08/2015 | 3.60           | 0.00              |
| COLBE      | 10/09/2015 | 3.70           | 0.00              |
| COLBE      | 10/11/2015 | 3.20           | 0.00              |
| COLBE      | 10/12/2015 | 4.90           | 0.00              |
| COLBE      | 10/13/2015 | 5.20           | 0.00              |
| COLBE      | 10/14/2015 | 4.30           | 0.00              |
| COLBE      | 10/15/2015 | 2.60           | 0.00              |
| COLBE      | 10/16/2015 | 4.90           | 0.00              |
| COLBE      | 10/19/2015 | 2.70           | 0.00              |
| COLBE      | 10/20/2015 | 4.20           | 0.00              |
| COLBE      | 10/21/2015 | 4.60           | 0.00              |
| COLBE      | 10/22/2015 | 2.90           | 0.00              |
| COLBE      | 10/23/2015 | 3.30           | 0.00              |
| COLBE      | 10/26/2015 | 3.30           | 0.00              |
| COLBE      | 10/27/2015 | 4.90           | 0.00              |
| COLBE      | 10/28/2015 | 4.50           | 0.00              |
| COLBE      | 10/29/2015 | 1.30           | 2.30              |
| COLBE      | 10/30/2015 | 0.00           | 3.70              |
| COLBE      | 11/02/2015 | 3.90           | 0.00              |
| COLBE      | 11/03/2015 | 1.80           | 0.00              |
| COLBE      | 11/04/2015 | 4.30           | 0.00              |
| COLBE      | 11/05/2015 | 3.60           | 0.00              |
| COLBE      | 11/06/2015 | 5.90           | 0.00              |
| COLBE      | 11/12/2015 | 2.80           | 0.00              |
| COLBE      | 11/13/2015 | 4.70           | 0.00              |
| COLBE      | 11/15/2015 | 2.40           | 0.10              |
| COLBE      | 11/16/2015 | 3.70           | 0.00              |
| COLBE      | 11/17/2015 | 3.50           | 0.00              |
| COLBE      | 11/18/2015 | 4.50           | 0.00              |
| COLBE      | 11/19/2015 | 6.40           | 0.00              |
| COLBE      | 11/20/2015 | 5.40           | 0.00              |
| COLBE      | 11/22/2015 | 1.90           | 0.00              |
| COLBE      | 11/23/2015 | 5.10           | 0.00              |
| COLBE      | 11/24/2015 | 1.30           | 0.00              |
| COLBE      | 11/25/2015 | 4.40           | 0.00              |
| COLBE      | 11/26/2015 | 1.90           | 0.00              |
| COLBE      | 11/27/2015 | 2.40           | 0.00              |
| COLBE      | 11/28/2015 | 2.20           | 0.00              |

11/29

2.7

11/30

5.3

✓  
23.50 + 51.3

✓ 75.10

✓ 76.20

✓ 80.1

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 6

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 11/29/2015 | 2.70           | 0.00              |
| COLBE      | 11/30/2015 | 5.30           | 0.00              |
| COLBE      | 12/01/2015 | 7.70           | 0.00              |
| COLBE      | 12/02/2015 | 3.50           | 0.00              |
| COLBE      | 12/03/2015 | 7.90           | 0.00              |
| COLBE      | 12/04/2015 | 4.20           | 0.00              |
| COLBE      | 12/07/2015 | 3.10           | 0.00              |
| COLBE      | 12/08/2015 | 4.40           | 0.00              |
| COLBE      | 12/09/2015 | 5.40           | 0.00              |
| COLBE      | 12/10/2015 | 1.70           | 0.00              |
| COLBE      | 12/11/2015 | 1.20           | 0.00              |
| COLBE      | 12/14/2015 | 4.30           | 0.00              |
| COLBE      | 12/15/2015 | 3.50           | 0.00              |
| COLBE      | 12/17/2015 | 4.30           | 0.00              |
| COLBE      | 12/18/2015 | 4.30           | 0.00              |
| COLBE      | 12/21/2015 | 2.20           | 0.00              |
| COLBE      | 12/22/2015 | 1.50           | 0.00              |
| COLBE      | 12/23/2015 | 1.20           | 0.00              |
| COLBE      | 12/28/2015 | 2.40           | 0.00              |
| COLBE      | 12/29/2015 | 1.60           | 0.00              |
| COLBE      | 12/30/2015 | 1.00           | 0.00              |
| COLBE      | 01/04/2016 | 4.00           | 0.00              |
| COLBE      | 01/05/2016 | 3.70           | 0.00              |
| COLBE      | 01/06/2016 | 2.40           | 0.00              |
| COLBE      | 01/07/2016 | 4.00           | 0.00              |
| COLBE      | 01/08/2016 | 3.30           | 0.00              |
| COLBE      | 01/11/2016 | 4.60           | 0.00              |
| COLBE      | 01/12/2016 | 4.20           | 0.00              |
| COLBE      | 01/13/2016 | 4.10           | 0.00              |
| COLBE      | 01/14/2016 | 4.30           | 0.00              |
| COLBE      | 01/15/2016 | 2.60           | 0.00              |
| COLBE      | 01/18/2016 | 0.10           | 0.00              |
| COLBE      | 01/19/2016 | 1.80           | 0.00              |
| COLBE      | 01/20/2016 | 3.50           | 0.00              |
| COLBE      | 01/21/2016 | 1.60           | 0.00              |
| COLBE      | 01/22/2016 | 5.00           | 0.00              |
| COLBE      | 01/25/2016 | 5.50           | 0.00              |
| COLBE      | 01/26/2016 | 3.10           | 0.00              |
| COLBE      | 01/27/2016 | 2.90           | 0.00              |
| COLBE      | 01/28/2016 | 5.20           | 0.00              |
| COLBE      | 01/29/2016 | 4.40           | 0.00              |
| COLBE      | 02/01/2016 | 1.90           | 0.00              |
| COLBE      | 02/02/2016 | 2.10           | 0.00              |
| COLBE      | 02/03/2016 | 2.30           | 0.00              |
| COLBE      | 02/04/2016 | 3.90           | 0.00              |
| COLBE      | 02/05/2016 | 2.00           | 0.00              |
| COLBE      | 02/08/2016 | 5.50           | 0.00              |
| COLBE      | 02/09/2016 | 3.40           | 0.00              |
| COLBE      | 02/10/2016 | 2.60           | 1.10              |
| COLBE      | 02/11/2016 | 3.30           | 0.00              |
| COLBE      | 02/12/2016 | 2.30           | 0.00              |
| COLBE      | 02/15/2016 | 0.00           | 4.80              |
| COLBE      | 02/16/2016 | 0.00           | 4.80              |
| COLBE      | 02/17/2016 | 0.00           | 4.80              |

165.00

170.3

✓29.30



Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 7

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 02/18/2016 | 0.00           | 4.80              |
| COLBE      | 02/19/2016 | 0.00           | 4.80              |
| COLBE      | 02/22/2016 | 0.00           | 4.80              |
| COLBE      | 02/23/2016 | 0.00           | 4.80              |
| COLBE      | 02/24/2016 | 0.00           | 4.80              |
| COLBE      | 02/25/2016 | 0.00           | 4.80              |
| COLBE      | 02/26/2016 | 0.00           | 4.80              |
| COLBE      | 02/29/2016 | 0.00           | 4.80              |
| COLBE      | 03/01/2016 | 0.00           | 4.80              |
| COLBE      | 03/02/2016 | 0.00           | 4.80              |
| COLBE      | 03/03/2016 | 0.00           | 4.80              |
| COLBE      | 03/04/2016 | 0.00           | 4.80              |
| COLBE      | 03/07/2016 | 0.00           | 4.80              |
| COLBE      | 03/08/2016 | 0.00           | 4.80              |
| COLBE      | 03/09/2016 | 0.00           | 4.80              |
| COLBE      | 03/10/2016 | 0.00           | 4.80              |
| COLBE      | 03/11/2016 | 0.00           | 4.80              |
| COLBE      | 03/14/2016 | 0.00           | 4.80              |
| COLBE      | 03/15/2016 | 0.00           | 4.80              |
| COLBE      | 03/16/2016 | 0.00           | 4.80              |
| COLBE      | 03/17/2016 | 0.00           | 4.80              |
| COLBE      | 03/18/2016 | 0.00           | 4.80              |
| COLBE      | 03/21/2016 | 0.00           | 4.80              |
| COLBE      | 03/22/2016 | 0.00           | 4.80              |
| COLBE      | 03/23/2016 | 0.00           | 4.80              |

Grand Total: 1080.1000 432.8000

349 Records Selected

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 8

| Timekeeper | Date | Billable Hours | Nonbillable Hours |
|------------|------|----------------|-------------------|
| -----      | ---- | -----          | -----             |

SQL STATEMENT USED:

SELECT FROM TABLES: tkdaily

WHERE CONDITION: (tkdaily.tdinit = 'colbe') AND (tkdaily.tddate >= '12/16/2014')

## Dawn Schonberg

---

**From:** Ballard, Teresa <TeresaBallard@dwt.com>  
**Sent:** Friday, March 25, 2016 1:29 PM  
**To:** Dawn Schonberg  
**Subject:** Additional document and information for Bethany Coleman Fire's LTD appeal  
**Attachments:** Bethany Coleman Fire Hours.pdf

Hello,

Attached please find a document that lists her billable and non-billable hours for the period of 12/16/14 to what has currently been submitted. Non billable hours can contain hours for conference preparations, attendance to conferences, attending non client meetings, attending firm retreats, interviewing potential new hires to the firm and sick and/or parental leave for some examples. In regards to minimum hours, an Associate has to work at least 60% of 1800 billable hours each year, That's 90 billable hours per month or 1080 billable hours per year in order to have insurance coverage.

Please let me know if you need any further information.

Sincerely,

**Teresa Ballard, SPHR | Davis Wright Tremaine LLP**

Benefits Administrator

1201 Third Avenue, Suite 2200 | Seattle, WA 98101

Tel: (206) 757-8765 | Fax: (206) 757-7765

Email: [teresaballard@dwt.com](mailto:teresaballard@dwt.com) | Website: [www.dwt.com](http://www.dwt.com)

Anchorage | Bellevue | Los Angeles | New York | Portland | San Francisco | Seattle | Shanghai | Washington, D.C.

billable hours  
12/14 - 3/16

**EXHIBIT 1**

**PART 1 of 2**

**Page 559 of 1248**

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 1

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 12/16/2014 | 4.20           | 1.60              |
| COLBE      | 12/17/2014 | 2.60           | 1.10              |
| COLBE      | 12/18/2014 | 7.20           | 0.00              |
| COLBE      | 12/19/2014 | 1.80           | 0.00              |
| COLBE      | 12/22/2014 | 0.70           | 0.00              |
| COLBE      | 12/23/2014 | 4.50           | 0.00              |
| COLBE      | 12/29/2014 | 3.40           | 0.00              |
| COLBE      | 12/30/2014 | 1.30           | 0.00              |
| COLBE      | 12/31/2014 | 1.70           | 0.00              |
| COLBE      | 01/02/2015 | 1.40           | 0.00              |
| COLBE      | 01/03/2015 | 0.80           | 0.00              |
| COLBE      | 01/05/2015 | 3.70           | 0.00              |
| COLBE      | 01/06/2015 | 10.60          | 0.00              |
| COLBE      | 01/07/2015 | 1.90           | 0.00              |
| COLBE      | 01/08/2015 | 7.60           | 0.00              |
| COLBE      | 01/09/2015 | 10.20          | 0.00              |
| COLBE      | 01/12/2015 | 2.40           | 3.60              |
| COLBE      | 01/13/2015 | 2.70           | 3.40              |
| COLBE      | 01/14/2015 | 2.10           | 0.00              |
| COLBE      | 01/15/2015 | 2.00           | 0.00              |
| COLBE      | 01/16/2015 | 1.90           | 0.00              |
| COLBE      | 01/20/2015 | 3.10           | 0.00              |
| COLBE      | 01/21/2015 | 6.30           | 0.00              |
| COLBE      | 01/22/2015 | 2.60           | 1.00              |
| COLBE      | 01/23/2015 | 5.40           | 0.00              |
| COLBE      | 01/26/2015 | 4.80           | 1.10              |
| COLBE      | 01/27/2015 | 5.10           | 0.00              |
| COLBE      | 01/28/2015 | 6.60           | 0.00              |
| COLBE      | 01/29/2015 | 5.70           | 0.00              |
| COLBE      | 01/30/2015 | 5.70           | 0.00              |
| COLBE      | 02/02/2015 | 3.20           | 0.00              |
| COLBE      | 02/03/2015 | 4.90           | 0.00              |
| COLBE      | 02/04/2015 | 3.80           | 0.00              |
| COLBE      | 02/05/2015 | 2.50           | 3.50              |
| COLBE      | 02/06/2015 | 3.50           | 6.50              |
| COLBE      | 02/07/2015 | 0.00           | 8.00              |
| COLBE      | 02/08/2015 | 0.00           | 8.00              |
| COLBE      | 02/09/2015 | 0.40           | 8.00              |
| COLBE      | 02/10/2015 | 1.20           | 8.00              |
| COLBE      | 02/11/2015 | 0.10           | 6.50              |
| COLBE      | 02/12/2015 | 3.50           | 2.10              |
| COLBE      | 02/13/2015 | 6.30           | 0.00              |
| COLBE      | 02/15/2015 | 3.80           | 0.00              |
| COLBE      | 02/16/2015 | 2.90           | 0.00              |
| COLBE      | 02/17/2015 | 3.60           | 0.00              |
| COLBE      | 02/18/2015 | 5.40           | 0.00              |
| COLBE      | 02/19/2015 | 0.10           | 0.00              |
| COLBE      | 02/20/2015 | 2.40           | 0.00              |
| COLBE      | 02/22/2015 | 1.20           | 0.00              |
| COLBE      | 02/23/2015 | 4.20           | 0.00              |
| COLBE      | 02/24/2015 | 2.20           | 0.00              |
| COLBE      | 02/25/2015 | 4.20           | 0.00              |
| COLBE      | 02/26/2015 | 1.80           | 0.00              |
| COLBE      | 02/27/2015 | 3.40           | 0.00              |

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 2

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 02/28/2015 | 7.60           | 0.00              |
| COLBE      | 03/01/2015 | 3.20           | 0.00              |
| COLBE      | 03/02/2015 | 5.20           | 0.00              |
| COLBE      | 03/03/2015 | 4.20           | 0.00              |
| COLBE      | 03/04/2015 | 6.10           | 0.30              |
| COLBE      | 03/05/2015 | 3.30           | 0.00              |
| COLBE      | 03/06/2015 | 2.60           | 0.00              |
| COLBE      | 03/07/2015 | 1.60           | 0.00              |
| COLBE      | 03/08/2015 | 2.10           | 0.00              |
| COLBE      | 03/09/2015 | 5.80           | 0.00              |
| COLBE      | 03/10/2015 | 5.60           | 2.40              |
| COLBE      | 03/11/2015 | 4.70           | 0.00              |
| COLBE      | 03/12/2015 | 2.40           | 0.00              |
| COLBE      | 03/13/2015 | 2.70           | 0.00              |
| COLBE      | 03/14/2015 | 2.70           | 0.00              |
| COLBE      | 03/15/2015 | 3.30           | 0.00              |
| COLBE      | 03/16/2015 | 4.70           | 0.00              |
| COLBE      | 03/17/2015 | 8.40           | 1.40              |
| COLBE      | 03/18/2015 | 6.50           | 0.00              |
| COLBE      | 03/19/2015 | 5.50           | 0.00              |
| COLBE      | 03/20/2015 | 3.40           | 0.00              |
| COLBE      | 03/23/2015 | 6.80           | 0.10              |
| COLBE      | 03/24/2015 | 3.90           | 0.00              |
| COLBE      | 03/25/2015 | 2.10           | 0.00              |
| COLBE      | 03/26/2015 | 6.00           | 0.00              |
| COLBE      | 03/27/2015 | 3.60           | 0.00              |
| COLBE      | 03/30/2015 | 7.30           | 0.00              |
| COLBE      | 03/31/2015 | 1.20           | 1.20              |
| COLBE      | 04/01/2015 | 0.90           | 0.00              |
| COLBE      | 04/02/2015 | 3.70           | 0.00              |
| COLBE      | 04/03/2015 | 4.50           | 0.00              |
| COLBE      | 04/06/2015 | 4.60           | 0.00              |
| COLBE      | 04/07/2015 | 6.20           | 0.00              |
| COLBE      | 04/08/2015 | 7.90           | 0.00              |
| COLBE      | 04/09/2015 | 5.30           | 1.70              |
| COLBE      | 04/10/2015 | 4.10           | 0.00              |
| COLBE      | 04/12/2015 | 3.90           | 0.00              |
| COLBE      | 04/13/2015 | 6.50           | 0.00              |
| COLBE      | 04/14/2015 | 2.50           | 2.00              |
| COLBE      | 04/15/2015 | 4.00           | 1.40              |
| COLBE      | 04/16/2015 | 2.50           | 0.00              |
| COLBE      | 04/17/2015 | 1.20           | 0.00              |
| COLBE      | 04/20/2015 | 4.20           | 0.00              |
| COLBE      | 04/21/2015 | 5.30           | 1.00              |
| COLBE      | 04/22/2015 | 4.60           | 1.00              |
| COLBE      | 04/23/2015 | 4.60           | 1.00              |
| COLBE      | 04/24/2015 | 5.50           | 0.00              |
| COLBE      | 04/27/2015 | 3.40           | 0.00              |
| COLBE      | 04/28/2015 | 5.10           | 1.00              |
| COLBE      | 04/29/2015 | 8.20           | 0.00              |
| COLBE      | 04/30/2015 | 6.20           | 0.30              |
| COLBE      | 05/01/2015 | 3.40           | 0.00              |
| COLBE      | 05/02/2015 | 0.00           | 6.50              |
| COLBE      | 05/03/2015 | 0.00           | 8.00              |

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 3

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 05/04/2015 | 0.90           | 8.40              |
| COLBE      | 05/05/2015 | 0.00           | 8.00              |
| COLBE      | 05/06/2015 | 4.50           | 8.00              |
| COLBE      | 05/07/2015 | 1.50           | 0.00              |
| COLBE      | 05/11/2015 | 1.40           | 1.90              |
| COLBE      | 05/12/2015 | 4.40           | 3.10              |
| COLBE      | 05/13/2015 | 2.60           | 0.00              |
| COLBE      | 05/14/2015 | 0.30           | 8.00              |
| COLBE      | 05/15/2015 | 4.10           | 8.00              |
| COLBE      | 05/16/2015 | 0.00           | 8.00              |
| COLBE      | 05/17/2015 | 0.00           | 8.00              |
| COLBE      | 05/18/2015 | 5.90           | 0.30              |
| COLBE      | 05/19/2015 | 4.90           | 0.00              |
| COLBE      | 05/20/2015 | 1.20           | 0.00              |
| COLBE      | 05/21/2015 | 2.90           | 6.60              |
| COLBE      | 05/22/2015 | 3.90           | 2.30              |
| COLBE      | 05/26/2015 | 3.40           | 0.00              |
| COLBE      | 05/27/2015 | 5.20           | 0.00              |
| COLBE      | 05/28/2015 | 4.00           | 4.50              |
| COLBE      | 05/29/2015 | 3.60           | 0.50              |
| COLBE      | 06/01/2015 | 5.70           | 0.40              |
| COLBE      | 06/02/2015 | 3.40           | 1.60              |
| COLBE      | 06/03/2015 | 2.10           | 2.80              |
| COLBE      | 06/04/2015 | 3.90           | 1.20              |
| COLBE      | 06/05/2015 | 4.40           | 1.50              |
| COLBE      | 06/08/2015 | 4.70           | 0.50              |
| COLBE      | 06/09/2015 | 5.20           | 0.00              |
| COLBE      | 06/10/2015 | 4.90           | 0.20              |
| COLBE      | 06/11/2015 | 0.70           | 5.90              |
| COLBE      | 06/12/2015 | 4.40           | 0.00              |
| COLBE      | 06/15/2015 | 4.40           | 0.00              |
| COLBE      | 06/16/2015 | 2.20           | 1.80              |
| COLBE      | 06/17/2015 | 2.80           | 0.00              |
| COLBE      | 06/18/2015 | 1.20           | 1.00              |
| COLBE      | 06/19/2015 | 3.90           | 0.00              |
| COLBE      | 06/22/2015 | 4.30           | 0.00              |
| COLBE      | 06/23/2015 | 2.30           | 1.00              |
| COLBE      | 06/24/2015 | 2.20           | 0.00              |
| COLBE      | 06/25/2015 | 2.80           | 1.00              |
| COLBE      | 06/26/2015 | 2.10           | 0.00              |
| COLBE      | 06/29/2015 | 0.30           | 0.00              |
| COLBE      | 06/30/2015 | 0.70           | 0.00              |
| COLBE      | 07/01/2015 | 0.60           | 0.00              |
| COLBE      | 07/06/2015 | 0.20           | 1.00              |
| COLBE      | 07/07/2015 | 2.50           | 0.40              |
| COLBE      | 07/08/2015 | 2.40           | 0.80              |
| COLBE      | 07/09/2015 | 1.30           | 2.10              |
| COLBE      | 07/10/2015 | 5.90           | 0.00              |
| COLBE      | 07/11/2015 | 2.10           | 0.00              |
| COLBE      | 07/13/2015 | 4.30           | 8.00              |
| COLBE      | 07/14/2015 | 0.00           | 8.00              |
| COLBE      | 07/15/2015 | 1.80           | 8.00              |
| COLBE      | 07/16/2015 | 4.30           | 1.40              |
| COLBE      | 07/17/2015 | 3.50           | 2.00              |

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 4

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 07/20/2015 | 2.60           | 0.00              |
| COLBE      | 07/21/2015 | 6.20           | 0.00              |
| COLBE      | 07/22/2015 | 3.90           | 0.50              |
| COLBE      | 07/23/2015 | 2.70           | 0.00              |
| COLBE      | 07/24/2015 | 4.40           | 0.00              |
| COLBE      | 07/25/2015 | 0.20           | 0.00              |
| COLBE      | 07/27/2015 | 4.80           | 0.00              |
| COLBE      | 07/28/2015 | 5.20           | 0.00              |
| COLBE      | 07/29/2015 | 4.10           | 0.00              |
| COLBE      | 07/30/2015 | 4.90           | 0.00              |
| COLBE      | 07/31/2015 | 6.70           | 0.00              |
| COLBE      | 08/01/2015 | 2.10           | 0.00              |
| COLBE      | 08/02/2015 | 1.80           | 0.00              |
| COLBE      | 08/03/2015 | 4.50           | 0.90              |
| COLBE      | 08/04/2015 | 4.00           | 0.00              |
| COLBE      | 08/05/2015 | 4.40           | 5.00              |
| COLBE      | 08/06/2015 | 0.30           | 8.00              |
| COLBE      | 08/07/2015 | 0.30           | 8.00              |
| COLBE      | 08/08/2015 | 0.00           | 8.00              |
| COLBE      | 08/10/2015 | 2.60           | 0.00              |
| COLBE      | 08/11/2015 | 0.80           | 0.40              |
| COLBE      | 08/12/2015 | 4.40           | 0.90              |
| COLBE      | 08/13/2015 | 2.20           | 3.60              |
| COLBE      | 08/14/2015 | 1.00           | 7.00              |
| COLBE      | 08/15/2015 | 1.40           | 0.00              |
| COLBE      | 08/16/2015 | 2.40           | 0.00              |
| COLBE      | 08/17/2015 | 2.90           | 0.00              |
| COLBE      | 08/18/2015 | 4.90           | 0.00              |
| COLBE      | 08/19/2015 | 7.50           | 0.00              |
| COLBE      | 08/20/2015 | 0.50           | 0.00              |
| COLBE      | 08/21/2015 | 0.60           | 0.00              |
| COLBE      | 08/24/2015 | 3.00           | 0.00              |
| COLBE      | 08/25/2015 | 5.90           | 0.00              |
| COLBE      | 08/26/2015 | 2.50           | 1.00              |
| COLBE      | 08/27/2015 | 4.10           | 3.60              |
| COLBE      | 08/28/2015 | 1.70           | 1.70              |
| COLBE      | 08/31/2015 | 4.60           | 1.00              |
| COLBE      | 09/01/2015 | 2.80           | 0.00              |
| COLBE      | 09/02/2015 | 3.00           | 1.70              |
| COLBE      | 09/03/2015 | 3.30           | 0.00              |
| COLBE      | 09/04/2015 | 3.20           | 0.00              |
| COLBE      | 09/05/2015 | 0.40           | 0.00              |
| COLBE      | 09/08/2015 | 5.50           | 0.00              |
| COLBE      | 09/09/2015 | 4.00           | 0.00              |
| COLBE      | 09/10/2015 | 2.00           | 0.00              |
| COLBE      | 09/11/2015 | 4.90           | 0.00              |
| COLBE      | 09/12/2015 | 1.90           | 0.00              |
| COLBE      | 09/13/2015 | 4.20           | 0.00              |
| COLBE      | 09/14/2015 | 4.70           | 0.00              |
| COLBE      | 09/15/2015 | 4.70           | 0.00              |
| COLBE      | 09/16/2015 | 1.80           | 0.00              |
| COLBE      | 09/17/2015 | 4.90           | 0.00              |
| COLBE      | 09/18/2015 | 0.00           | 8.00              |
| COLBE      | 09/19/2015 | 0.00           | 8.00              |

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 5

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 09/20/2015 | 0.20           | 6.00              |
| COLBE      | 09/21/2015 | 5.10           | 0.00              |
| COLBE      | 09/22/2015 | 2.40           | 0.00              |
| COLBE      | 09/23/2015 | 3.70           | 0.00              |
| COLBE      | 09/24/2015 | 1.00           | 0.00              |
| COLBE      | 09/25/2015 | 2.70           | 0.00              |
| COLBE      | 09/26/2015 | 0.10           | 0.00              |
| COLBE      | 09/27/2015 | 0.10           | 0.00              |
| COLBE      | 09/28/2015 | 4.20           | 0.00              |
| COLBE      | 09/29/2015 | 3.90           | 0.00              |
| COLBE      | 09/30/2015 | 0.40           | 0.00              |
| COLBE      | 10/01/2015 | 1.20           | 0.00              |
| COLBE      | 10/02/2015 | 0.40           | 0.00              |
| COLBE      | 10/05/2015 | 3.40           | 0.00              |
| COLBE      | 10/06/2015 | 3.10           | 0.00              |
| COLBE      | 10/07/2015 | 4.00           | 0.00              |
| COLBE      | 10/08/2015 | 3.60           | 0.00              |
| COLBE      | 10/09/2015 | 3.70           | 0.00              |
| COLBE      | 10/11/2015 | 3.20           | 0.00              |
| COLBE      | 10/12/2015 | 4.90           | 0.00              |
| COLBE      | 10/13/2015 | 5.20           | 0.00              |
| COLBE      | 10/14/2015 | 4.30           | 0.00              |
| COLBE      | 10/15/2015 | 2.60           | 0.00              |
| COLBE      | 10/16/2015 | 4.90           | 0.00              |
| COLBE      | 10/19/2015 | 2.70           | 0.00              |
| COLBE      | 10/20/2015 | 4.20           | 0.00              |
| COLBE      | 10/21/2015 | 4.60           | 0.00              |
| COLBE      | 10/22/2015 | 2.90           | 0.00              |
| COLBE      | 10/23/2015 | 3.30           | 0.00              |
| COLBE      | 10/26/2015 | 3.30           | 0.00              |
| COLBE      | 10/27/2015 | 4.90           | 0.00              |
| COLBE      | 10/28/2015 | 4.50           | 0.00              |
| COLBE      | 10/29/2015 | 1.30           | 2.30              |
| COLBE      | 10/30/2015 | 0.00           | 3.70              |
| COLBE      | 11/02/2015 | 3.90           | 0.00              |
| COLBE      | 11/03/2015 | 1.80           | 0.00              |
| COLBE      | 11/04/2015 | 4.30           | 0.00              |
| COLBE      | 11/05/2015 | 3.60           | 0.00              |
| COLBE      | 11/06/2015 | 5.90           | 0.00              |
| COLBE      | 11/12/2015 | 2.80           | 0.00              |
| COLBE      | 11/13/2015 | 4.70           | 0.00              |
| COLBE      | 11/15/2015 | 2.40           | 0.10              |
| COLBE      | 11/16/2015 | 3.70           | 0.00              |
| COLBE      | 11/17/2015 | 3.50           | 0.00              |
| COLBE      | 11/18/2015 | 4.50           | 0.00              |
| COLBE      | 11/19/2015 | 6.40           | 0.00              |
| COLBE      | 11/20/2015 | 5.40           | 0.00              |
| COLBE      | 11/22/2015 | 1.90           | 0.00              |
| COLBE      | 11/23/2015 | 5.10           | 0.00              |
| COLBE      | 11/24/2015 | 1.30           | 0.00              |
| COLBE      | 11/25/2015 | 4.40           | 0.00              |
| COLBE      | 11/26/2015 | 1.90           | 0.00              |
| COLBE      | 11/27/2015 | 2.40           | 0.00              |
| COLBE      | 11/28/2015 | 2.20           | 0.00              |



Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 6

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 11/29/2015 | 2.70           | 0.00              |
| COLBE      | 11/30/2015 | 5.30           | 0.00              |
| COLBE      | 12/01/2015 | 7.70           | 0.00              |
| COLBE      | 12/02/2015 | 3.50           | 0.00              |
| COLBE      | 12/03/2015 | 7.90           | 0.00              |
| COLBE      | 12/04/2015 | 4.20           | 0.00              |
| COLBE      | 12/07/2015 | 3.10           | 0.00              |
| COLBE      | 12/08/2015 | 4.40           | 0.00              |
| COLBE      | 12/09/2015 | 5.40           | 0.00              |
| COLBE      | 12/10/2015 | 1.70           | 0.00              |
| COLBE      | 12/11/2015 | 1.20           | 0.00              |
| COLBE      | 12/14/2015 | 4.30           | 0.00              |
| COLBE      | 12/15/2015 | 3.50           | 0.00              |
| COLBE      | 12/17/2015 | 4.30           | 0.00              |
| COLBE      | 12/18/2015 | 4.30           | 0.00              |
| COLBE      | 12/21/2015 | 2.20           | 0.00              |
| COLBE      | 12/22/2015 | 1.50           | 0.00              |
| COLBE      | 12/23/2015 | 1.20           | 0.00              |
| COLBE      | 12/28/2015 | 2.40           | 0.00              |
| COLBE      | 12/29/2015 | 1.60           | 0.00              |
| COLBE      | 12/30/2015 | 1.00           | 0.00              |
| COLBE      | 01/04/2016 | 4.00           | 0.00              |
| COLBE      | 01/05/2016 | 3.70           | 0.00              |
| COLBE      | 01/06/2016 | 2.40           | 0.00              |
| COLBE      | 01/07/2016 | 4.00           | 0.00              |
| COLBE      | 01/08/2016 | 3.30           | 0.00              |
| COLBE      | 01/11/2016 | 4.60           | 0.00              |
| COLBE      | 01/12/2016 | 4.20           | 0.00              |
| COLBE      | 01/13/2016 | 4.10           | 0.00              |
| COLBE      | 01/14/2016 | 4.30           | 0.00              |
| COLBE      | 01/15/2016 | 2.60           | 0.00              |
| COLBE      | 01/18/2016 | 0.10           | 0.00              |
| COLBE      | 01/19/2016 | 1.80           | 0.00              |
| COLBE      | 01/20/2016 | 3.50           | 0.00              |
| COLBE      | 01/21/2016 | 1.60           | 0.00              |
| COLBE      | 01/22/2016 | 5.00           | 0.00              |
| COLBE      | 01/25/2016 | 5.50           | 0.00              |
| COLBE      | 01/26/2016 | 3.10           | 0.00              |
| COLBE      | 01/27/2016 | 2.90           | 0.00              |
| COLBE      | 01/28/2016 | 5.20           | 0.00              |
| COLBE      | 01/29/2016 | 4.40           | 0.00              |
| COLBE      | 02/01/2016 | 1.90           | 0.00              |
| COLBE      | 02/02/2016 | 2.10           | 0.00              |
| COLBE      | 02/03/2016 | 2.30           | 0.00              |
| COLBE      | 02/04/2016 | 3.90           | 0.00              |
| COLBE      | 02/05/2016 | 2.00           | 0.00              |
| COLBE      | 02/08/2016 | 5.50           | 0.00              |
| COLBE      | 02/09/2016 | 3.40           | 0.00              |
| COLBE      | 02/10/2016 | 2.60           | 1.10              |
| COLBE      | 02/11/2016 | 3.30           | 0.00              |
| COLBE      | 02/12/2016 | 2.30           | 0.00              |
| COLBE      | 02/15/2016 | 0.00           | 4.80              |
| COLBE      | 02/16/2016 | 0.00           | 4.80              |
| COLBE      | 02/17/2016 | 0.00           | 4.80              |

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 7

| Timekeeper | Date       | Billable Hours | Nonbillable Hours |
|------------|------------|----------------|-------------------|
| COLBE      | 02/18/2016 | 0.00           | 4.80              |
| COLBE      | 02/19/2016 | 0.00           | 4.80              |
| COLBE      | 02/22/2016 | 0.00           | 4.80              |
| COLBE      | 02/23/2016 | 0.00           | 4.80              |
| COLBE      | 02/24/2016 | 0.00           | 4.80              |
| COLBE      | 02/25/2016 | 0.00           | 4.80              |
| COLBE      | 02/26/2016 | 0.00           | 4.80              |
| COLBE      | 02/29/2016 | 0.00           | 4.80              |
| COLBE      | 03/01/2016 | 0.00           | 4.80              |
| COLBE      | 03/02/2016 | 0.00           | 4.80              |
| COLBE      | 03/03/2016 | 0.00           | 4.80              |
| COLBE      | 03/04/2016 | 0.00           | 4.80              |
| COLBE      | 03/07/2016 | 0.00           | 4.80              |
| COLBE      | 03/08/2016 | 0.00           | 4.80              |
| COLBE      | 03/09/2016 | 0.00           | 4.80              |
| COLBE      | 03/10/2016 | 0.00           | 4.80              |
| COLBE      | 03/11/2016 | 0.00           | 4.80              |
| COLBE      | 03/14/2016 | 0.00           | 4.80              |
| COLBE      | 03/15/2016 | 0.00           | 4.80              |
| COLBE      | 03/16/2016 | 0.00           | 4.80              |
| COLBE      | 03/17/2016 | 0.00           | 4.80              |
| COLBE      | 03/18/2016 | 0.00           | 4.80              |
| COLBE      | 03/21/2016 | 0.00           | 4.80              |
| COLBE      | 03/22/2016 | 0.00           | 4.80              |
| COLBE      | 03/23/2016 | 0.00           | 4.80              |

|              |           |          |
|--------------|-----------|----------|
| Grand Total: | 1080.1000 | 432.8000 |
|--------------|-----------|----------|

349 Records Selected

Timekeeper Daily Hours Table Listing -- Sorted by Timekeeper, Date Mar 24 2016 13:24:13 Page 8

| Timekeeper | Date | Billable Hours | Nonbillable Hours |
|------------|------|----------------|-------------------|
| -----      | ---- | -----          | -----             |

SQL STATEMENT USED:

SELECT FROM TABLES: tkdaily

WHERE CONDITION: (tkdaily.tdinit = 'colbe') AND (tkdaily.tddate >= '12/16/2014')

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INTEROFFICE MEMORANDUM - ADDENDUM

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TO: DAWN SCHONBERG, SR. BENEFITS REVIEW SPECIALIST  
RE: BETHANY COLEMAN-FIRE  
FROM: PAUL KANGAS, VOCATIONAL CASE MANAGER  
SUBJECT: OWN OCCUPATION/SCOPE OF LICENSE ADDENDUM  
CLAIM #: 00VW3181  
DATE: MARCH 10, 2016

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**Reason for Referral:**

This file was re-referred by the Sr. Benefits Review Specialist with the request to determine if the occupation of attorney requires working more than 40 hours per week.

**History:**

As noted in the prior review dated January 12, 2016, the Group Policy lists the following definition for Own Occupation:

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the usual occupation you are ordinarily performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

It was noted that the claimant holds an Active license to practice law in Oregon and, therefore, her Own Occupation, per the Group Policy, is as broad as the scope of her license. The overall occupation of Lawyer was noted to be reasonably represented by the following *Dictionary of Occupational Titles (DOT)* Title, Code, and Definition:

**DOT Title: Lawyer - DOT Code: 110.107-010 - DOT Definition:**

Conducts criminal and civil lawsuits, draws up legal documents, advises clients as to legal rights, and practices other phases of law: Gathers evidence in divorce, civil, criminal, and other cases to formulate defense or to initiate legal action. Conducts research, interviews clients, and witnesses and handles other details in preparation for trial. Prepares legal briefs, develops strategy, arguments and testimony in preparation for presentation of case. Files brief with court clerk. Represents client in court, and before quasi-judicial or administrative agencies of

*Scope of  
license add*  
**EXHIBIT 1  
PART 1 of 2  
Page 568 of 1248**

government. Interprets laws, rulings, and regulations for individuals and businesses. May confer with colleagues with specialty in area of lawsuit to establish and verify basis for legal proceedings. May act as trustee, guardian, or executor. May draft wills, trusts, transfer of assets, gifts and other documents. May advise corporate clients concerning transactions of business involving internal affairs, stockholders, directors, officers and corporate relations with general public. May supervise and coordinate activities of subordinate legal personnel. May prepare business contracts, pay taxes, settle labor disputes, and administer other legal matters. May teach college courses in law. May specialize in specific phase of law.

#### Discussion:

The *Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-2017 Edition* notes that “many [Lawyers] work more than the usual 40 hour work week” (see attached printout). However, no statistics are provided to determine if most work more or less than 40 hours per week.

The National Association of Law Placement, Inc. (NALP) surveyed 637 law offices in 2005 with a questionnaire entitled the NALP Workplace Questionnaire (see attached printout). The findings are based on private law offices only; and do not include corporate, government, or public interest organizations. Although this questionnaire is now nearly 11 years old, the findings are likely to remain reasonably relevant to the current practice of law in private law offices – and, therefore, worth consideration. Notably, this questionnaire found that: 71.3% have a written alternative work option policy; 70.6% allow a part-time schedule; 58.7% of attorneys who work a part-time schedule are given bonus consideration; and, in the past 5 years, 60.6% of attorneys who have worked or are working an alternative schedule have made partner.

The State Bar of California surveyed its members in December of 2011 contracting with Hertz Research of Bodega Bay (see attached printout). A random sampling of 10,000 active and inactive members was selected to participate in the survey. Hertz notes that the margin of sampling error was approximately plus or minus 3 percent, with a confidence level of 95 percent. This survey found that: 67% work in private practice; 10% work as in-house counsel; 2% work as public defenders; 2% work as district attorneys; 11% work for a government agency/judiciary; 7% responded with “other”; and 1% were retired. The survey asked the question: “On average, how many hours per week do you work in your law practice?”; and the respondents indicated: 14% work less than 25 hours; 7% work 25-34 hours; 19% work 35-40 hours; 29% worked 41-49 hours; 22% worked 50-59 hours; and 9% worked 60 hours or more. In summary, these results indicate that nearly 40% of attorneys in California do not work more than 40 hours per week.

Other State Bar organizations were contacted, but did not respond (see attached correspondence).

My research and analysis indicates that the occupation of lawyer, as it is generally performed, involves tasks such as research, writing/drafting/dictating legal documents and correspondence, advising clients, gathering evidence, making court appearances, developing strategy, supervising/instructing subordinate legal personnel, conferring with colleagues, and the like. It should be noted that the policy language concerning Material Duties (when considering the occupation of lawyer) speaks to one’s knowledge of the law, case preparation, research, writing, strategy preparation, ability to develop legal arguments, and so on. It should also be noted that many lawyers work specifically in a research, writing and advising capacity. The data cited above indicates that working more than 40 hours per week is not a Material Duty of working as a lawyer.

**Conclusion:**

Based on the information detailed above – and that the claimant's Own Occupation is as broad as the scope of her license – it is reasonable to conclude that the claimant's Own Occupation as a Lawyer does not require working more than 40 hours per week. While some attorney's work in excess of 40 hours per week, the claimant's Own Occupation certainly allows for a schedule that would average 40 hours per week or less.

I hope this information will be of help in your analysis. Please let me know what further assistance, if any, that I can provide in this matter.

*Phil Krueger, MS, CPC* 2/10/16

Physical Demands – Strength Ratings\*

S- Sedentary Work – Exerting up to 10 pounds of force occasionally. (Occasionally: activity or condition exist up to 1/3 of the time) and/or a negligible amount force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

L- Light Work – Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

M- Medium Work – Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

H- Heavy Work – Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those Medium Work.

V- Very Heavy Work – Exerting to excess of 100 pounds of force occasionally, and/or in excess to 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

*\* As described in the Dictionary of Occupational Titles, Fourth Edition Revised 1991 US Department of Labor Employment and Training Administration.*

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                       | Paul Kangas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Title</b>                      | Vocational Case Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Office</b>                     | Employee Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Joined Standard In</b>         | May 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Positions Held at Standard</b> | Vocational Case Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Other Industry Experience</b>  | <p>Vocational Rehabilitation Counselor, September 2009 – May 2011<br/>State of Oregon, Office of Vocational Rehabilitation Services</p> <p>Vocational Rehabilitation Counselor Intern, January 2009 - August 2009<br/>State of Oregon, Office of Vocational Rehabilitation Services</p> <p>Counselor Intern, January 2009-August 2009<br/>Family Solutions, Inc.</p> <p>Family Support Specialist, July 2008-August 2009<br/>Family Solutions, Inc.</p>                                                                               |
| <b>Professional Designation</b>   | Certified Rehabilitation Counselor, CRC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Education and Training</b>     | <ul style="list-style-type: none"> <li>• Master of Science - Rehabilitation Counseling; Portland State University, Portland, Oregon</li> <li>• Bachelor of Science; Portland State University, Portland, Oregon</li> <li>• Continuing Education Credits in: Ethics, Motivational Interviewing, Functional Limitations of Traumatic Brain Injury, Case Management, Assessment, Supported Employment, Workers Compensation, Functional Limitations of ADHD, Work Based Vocational Evaluation, Transition from School to Work</li> </ul> |



## OCCUPATIONAL OUTLOOK HANDBOOK

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## Lawyers

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Summary | What They Do | Work Environment | How to Become One | Pay | Job Outlook | State &amp; Area Data | Similar Occupations | More Info

## Work Environment

About this section

Lawyers held about 778,700 jobs in 2014. The industries that employed the most lawyers were as follows:

|                                                     |     |
|-----------------------------------------------------|-----|
| Legal services                                      | 48% |
| Local government, excluding education and hospitals | 7   |
| State government, excluding education and hospitals | 5   |
| Federal government                                  | 5   |
| Finance and insurance                               | 3   |



Lawyers typically work in law offices.

About 1 in 5 lawyers were self-employed in 2014.

Lawyers work mostly in offices. However, some travel to attend meetings with clients at various locations, such as homes, hospitals, or prisons. Others travel to appear before courts. Lawyers may face heavy pressure during work, for example during trials or when trying to meet deadlines.

## Work Schedules

The majority of lawyers work full time, and many work more than the usual 40 hours per week. Lawyers who are in private practice or those who work in large firms often work additional hours, conducting research and preparing and reviewing documents.

&lt;- What They Do

How to Become One -&gt;

## SUGGESTED CITATION:

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Lawyers, on the Internet at <http://www.bls.gov/ooh/legal/lawyers.htm> (visited March 03, 2016).

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U.S. Bureau of Labor Statistics | Office of Occupational Statistics and Employment Projections, PSB Suite 2135, 2 Massachusetts Avenue, NE Washington, DC 20212-0001  
[www.bls.gov/ooh](http://www.bls.gov/ooh) | Telephone: 1-202-691-5700 | [Contact OOH](#)

**EXHIBIT 1**  
**PART 1 of 2**  
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# NALP Workplace Questionnaire

(percentages based on 637 law offices unless otherwise noted)

## Size of Office Completing Questionnaire (Figures based on 614 offices)

|                 |      |
|-----------------|------|
| 2-10 lawyers    | 2.3% |
| 11-25 lawyers   | 7.6  |
| 26-50 lawyers   | 11.2 |
| 51-100 lawyers  | 15.2 |
| 101-250 lawyers | 20.5 |
| 251-500 lawyers | 15.0 |
| 501+ lawyers    | 28.2 |

## Associate Training, Development, and Diversity

### What types of training and professional development opportunities does your organization offer?

|                                 |       |
|---------------------------------|-------|
| In-house training programs      | 96.9% |
| External firm-paid seminars     | 95.8  |
| CLE                             | 99.2  |
| Organized/formal mentor program | 86.0  |
| Trial advocacy training         | 79.1  |
| Observation opportunities       | 93.2  |
| Practice group training         | 90.1  |
| Retreats                        | 75.7  |

### What roles do partners/senior attorneys play in the training of attorneys?

|                                  |       |
|----------------------------------|-------|
| Presenters                       | 93.1% |
| Develop/design training programs | 90.7  |
| Mentoring                        | 96.9  |
| Supervise projects               | 99.2  |
| One-on-one training              | 91.7  |

|                                                                          | Yes   | No   | Did Not Answer (DNA) |
|--------------------------------------------------------------------------|-------|------|----------------------|
| <b>Does your organization have a formal evaluation program in place?</b> | 96.7% | 2.8% | 0.5%                 |

#### Program described as:

|                          |       |
|--------------------------|-------|
| Annual                   | 73.9% |
| Semi-annual              | 42.7  |
| Top down                 | 62.6  |
| Bottom up                | 11.3  |
| Attorney self-evaluation | 54.3  |
| Peer review              | 8.0   |
| Partner review           | 57.6  |
| 360 Degree               | 6.8   |

### Activities to increase presence and retention of under-represented groups:

|                                                       |       |
|-------------------------------------------------------|-------|
| Participation in minority job fairs                   | 79.0% |
| Outreach to law student groups                        | 71.7  |
| Directed mentoring efforts                            | 49.0  |
| Recruitment at schools with large minority enrollment | 63.6  |
| Participation in bar-sponsored programs               | 74.1  |
| Involvement of employer committees                    | 58.9  |

EXHIBIT 1

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**PART 1 of 2**  
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## Associate Compensation and Benefits

### Associate base salary (excluding bonuses) is determined by:

(Figures based on 628 offices)

|                                            |       |
|--------------------------------------------|-------|
| A set lock-step system                     | 42.8% |
| A combination lock-step and merit system   | 28.7  |
| A lock-step system with variable component | 16.1  |
| A merit system                             | 8.4   |

### If not strictly a lock-step system, what criteria are used to determine associate base salaries? (Figures based on 359 offices that checked other than set lock-step option above)

|                      |       |
|----------------------|-------|
| Hours billed         | 90.3% |
| Quality of work      | 83.5  |
| Overall contribution | 82.1  |
| Pro bono hours       | 65.3  |
| Business development | 64.5  |

|                                                                                             | Yes   | No   | DNA  |
|---------------------------------------------------------------------------------------------|-------|------|------|
| Has your organization offered annual bonuses to eligible associates in the past five years? | 97.2% | 1.7% | 1.1% |

### What factors are used to determine the amount of an associate's bonus?

(Figures based on 619 offices that indicated "yes" above)

|                      |       |
|----------------------|-------|
| Hours billed         | 87.6% |
| Quality of work      | 83.5  |
| Overall contribution | 82.1  |
| Pro bono hours       | 65.3  |
| Business development | 64.5  |

|                                                                                    | Yes   | No    | DNA  |
|------------------------------------------------------------------------------------|-------|-------|------|
| Are same sex domestic partners afforded the same benefits as spouses of attorneys? | 66.7% | 26.8% | 6.4% |

|                                                                                        |      |      |     |
|----------------------------------------------------------------------------------------|------|------|-----|
| Are opposite sex domestic partners afforded the same benefits as spouses of attorneys? | 49.8 | 43.3 | 6.9 |
|----------------------------------------------------------------------------------------|------|------|-----|

## Parental Leave/Family Care (Benefits in Addition to Those Provided by FMLA)

|                                                                                    | Yes   | No    | DNA  |
|------------------------------------------------------------------------------------|-------|-------|------|
| <b>Does your organization have a written parental leave or family care policy?</b> | 86.5% | 12.4% | 1.1% |
| Have one or more attorneys made use of your policy in the past 12 months?*         | 94.9  | 4.5   | 0.5  |
| Are attorneys currently using this benefit?*                                       | 92.0  | 7.4   | 0.5  |
| Does your policy include adoptions?*                                               | 90.7  | 6.7   | 2.5  |
| Does your policy cover children/dependents of:                                     |       |       |      |
| Same sex domestic partners?*                                                       | 74.2  | 18.3  | 7.4  |
| Opposite sex domestic partners?*                                                   | 66.4  | 26.7  | 6.9  |

\* Figures based on 551 offices that reported having a written policy.

|                                                                      | Yes   | No    | NA or DNA |
|----------------------------------------------------------------------|-------|-------|-----------|
| <b>Does your organization offer a flexible spending account for:</b> |       |       |           |
| Dependent care                                                       | 91.2% | 5.3%  | 3.5%      |
| Health care                                                          | 92.2  | 4.2   | 3.6       |
| <b>Does your organization offer use of a childcare facility?</b>     | 45.7% | 52.0% | 2.3%      |
| Of those who said yes (291):                                         |       |       |           |
| Is facility for emergency use only?                                  | 87.3  | 12.0  | 0.7       |
| Is facility on-site?                                                 | 19.6  | 77.0  | 3.4       |

## Alternative Work Options

|                                                                                                                                                                                                                                             | Yes   | No    | DNA             |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-----------------|-------|
| Does your organization have a written alternative work option policy?                                                                                                                                                                       | 71.3% | 25.3% | 3.4%            |       |
|                                                                                                                                                                                                                                             | Yes   | No    | Case-by-Case    | DNA   |
| Does your organization allow:                                                                                                                                                                                                               |       |       |                 |       |
| Job sharing                                                                                                                                                                                                                                 | 1.6%  | 73.3% | 18.4%           | 6.7%  |
| Flex-time                                                                                                                                                                                                                                   | 28.3  | 27.3  | 38.6            | 5.8   |
| Telecommuting                                                                                                                                                                                                                               | 32.0  | 25.9  | 36.0            | 6.1   |
| Part-time schedule                                                                                                                                                                                                                          | 70.6  | 2.5   | 25.6            | 1.3   |
| What determines eligibility for alternative work status?<br>(Figures based on 624 offices that offer at least one option above)                                                                                                             |       |       |                 |       |
| Case-by-case                                                                                                                                                                                                                                |       |       | 96.5%           |       |
| Minimum time with employer                                                                                                                                                                                                                  |       |       | 19.2            |       |
| Level of legal experience                                                                                                                                                                                                                   |       |       | 8.5             |       |
|                                                                                                                                                                                                                                             | Yes   | No    | Case-by-Case    | DNA   |
| Is there a minimum percentage of full-time hours that a part-time attorney must work?<br>(Figures based on 613 offices allowing part-time schedule either affirmatively or on a case-by-case basis)                                         | 28.1% | 22.3% | 45.2%           | 4.4%  |
| Are attorneys who work part-time and exceed their agreed upon part-time hours compensated in some manner for the additional hours? (Figures based on 613 offices)                                                                           | 54.6  | 5.2   | 33.8            | 6.4   |
| If so, how are they compensated? (Figures based on 542 offices that said yes or case-by-case to compensation)                                                                                                                               |       |       |                 |       |
| Salary adjustment                                                                                                                                                                                                                           |       |       | 33.0%           |       |
| Bonus consideration                                                                                                                                                                                                                         |       |       | 61.4            |       |
|                                                                                                                                                                                                                                             | Yes   | No    | Case-by-Case    | DNA   |
| Are attorneys who work alternative schedules given bonus consideration?<br>(Figures based on offices that allow the alternative on an affirmative and case-by-case basis. Number of offices is shown in parentheses.)                       |       |       |                 |       |
| Job sharing (127)                                                                                                                                                                                                                           | 17.3% | 3.9%  | 58.3%           | 20.5% |
| Flex-time (426)                                                                                                                                                                                                                             | 50.0  | 3.5   | 27.7            | 18.8  |
| Telecommuting (433)                                                                                                                                                                                                                         | 58.2  | 2.5   | 26.8            | 12.5  |
| Part-time schedule (613)                                                                                                                                                                                                                    | 58.7  | 9.3   | 25.1            | 6.9   |
|                                                                                                                                                                                                                                             | Yes   | No    | No One Eligible | DNA   |
| In the past 5 years, have attorneys made partner who have worked or are currently working an alternative schedule?<br>(Figures based on 624 offices offering at least one option: job sharing, telecommuting, flex-time, or part-time work) | 60.6% | 17.3% | 17.1%           | 5.0%  |

## Pro Bono Policies and Practices

|                                                                                                                                                                                                                                  |            |           |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------------|
| <b>Through what internal means do attorneys learn about and/or are assigned pro bono cases?</b>                                                                                                                                  |            |           |                  |
| Circulated memorandum                                                                                                                                                                                                            | 38.0%      |           |                  |
| Circulated e-mail                                                                                                                                                                                                                | 68.4       |           |                  |
| Pro bono coordinator                                                                                                                                                                                                             | 71.1       |           |                  |
| Pro bono committee                                                                                                                                                                                                               | 56.8       |           |                  |
| Random assignment                                                                                                                                                                                                                | 27.6       |           |                  |
|                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>DNA</b>       |
| <b>If an associate is interested in a particular kind of pro bono in which your organization is not currently engaged, is the associate free to bring in the work for consideration for possible representation by the firm?</b> |            |           |                  |
|                                                                                                                                                                                                                                  | 96.4%      | 0.9%      | 2.7%             |
|                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>NA or DNA</b> |
| <b>Is billable hour credit given for pro bono work?</b>                                                                                                                                                                          | 79.7%      | 13.0%     | 7.2%             |
| Is there a maximum that will be credited?<br>(Figures based on 508 who give credit)                                                                                                                                              | 36.4       | 48.0      | 15.6             |
| <b>For bonus consideration, is a pro bono hour equivalent to a billable hour?</b>                                                                                                                                                | 66.2       | 16.2      | 17.6             |

Summary Results  
Survey of Members of The State Bar of California  
December, 2011

1. Since you were admitted to the State Bar of California, how many years have you been practicing law?

- |                     |     |
|---------------------|-----|
| 1. Less than 1 year | 6%  |
| 2. 1 - 5 years      | 14% |
| 3. 6 - 9 years      | 9%  |
| 4. 10 - 19 years    | 21% |
| 5. 20 or more years | 50% |

2. Do you currently work as an attorney?

- |                                |     |
|--------------------------------|-----|
| 1. Yes [ <i>Skip to Q. 6</i> ] | 77% |
| 2. No                          | 23% |

3. Which of the following best describes your current employment situation?

- |                                                                           |     |
|---------------------------------------------------------------------------|-----|
| 1. You have a law-related job                                             | 22% |
| 2. You have a job in which you use your legal education                   | 28% |
| 3. You are employed in a job in which you do not use your legal education | 13% |
| 4. You are currently unemployed                                           | 26% |
| 5. Other                                                                  | 11% |

4. Are you actively seeking work as an attorney?

- |                                            |     |
|--------------------------------------------|-----|
| 1. Yes                                     | 11% |
| 2. No [ <i>After this, skip to Q. 16</i> ] | 89% |

5. How long have you been seeking work as an attorney?  
[*After this, skip to Q. 16*]

- |                                  |     |
|----------------------------------|-----|
| 1. Under 3 months                | 10% |
| 2. Between 3 and 6 months        | 15% |
| 3. Between 6 months and one year | 15% |
| 4. Between 1 and 2 years         | 31% |
| 5. More than 2 years             | 29% |

## 6. What kind of legal practice do you have?

|                                |     |
|--------------------------------|-----|
| 1. Private practice            | 67% |
| 2. In-house counsel            | 10% |
| 3. Public Defender             | 2%  |
| 4. District Attorney           | 2%  |
| 5. Government Agency/Judiciary | 11% |
| 6. Other                       | 7%  |
| 7. Retired                     | 1%  |

7. Are you an associate, partner or solo practitioner? *[Ask only of those in private practice]*

|                    |     |
|--------------------|-----|
| 1. Associate       | 23% |
| 2. Partner         | 30% |
| 3. Solo proprietor | 47% |

## 8. What is your primary area or field of legal practice?

|                                           |     |
|-------------------------------------------|-----|
| 1. Business/Contracts                     | 13% |
| 2. Insurance                              | 2%  |
| 3. Domestic/Family                        | 6%  |
| 4. Civil rights/Discrimination            | 1%  |
| 5. Real Estate                            | 5%  |
| 6. Criminal Defense                       | 6%  |
| 7. Labor and Employment                   | 7%  |
| 8. Intellectual Property/Copyright/Patent | 4%  |
| 9. Civil Litigation                       | 19% |
| 10. Estate/Trust Planning                 | 6%  |
| 11. Personal Injury                       | 4%  |
| 12. Other                                 | 27% |

## 9. Roughly how many attorneys practice in your firm or organization?

|                 |     |
|-----------------|-----|
| 1. Solo         | 33% |
| 2. 2 - 5        | 20% |
| 3. 6 - 20       | 15% |
| 4. 21 - 75      | 11% |
| 5. More than 75 | 22% |

## 10. Do you ever work as a mediator or arbitrator?

|        |     |
|--------|-----|
| 1. Yes | 20% |
| 2. No  | 80% |



11. Do you do any pro bono work for people of limited means?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 58% |
| 2. No [ <i>Skip to Q. 13</i> ] | 42% |

12. Including all types of volunteer legal services you provide, approximately how many hours of pro bono work do you usually perform annually?

- |                      |     |
|----------------------|-----|
| 1. 1 - 25 hours      | 39% |
| 2. 26 - 50 hours     | 24% |
| 3. 51 - 99 hours     | 11% |
| 4. 100 - 149 hours   | 8%  |
| 5. 150 - 199 hours   | 3%  |
| 6. 200 - 249 hours   | 2%  |
| 7. 250 hours or more | 6%  |
| 8. Not sure          | 7%  |

13. On average, how many hours per week do you work in your law practice?

- |                       |     |
|-----------------------|-----|
| 1. Less than 25 hours | 14% |
| 2. 25 - 34 hours      | 7%  |
| 3. 35 - 40 hours      | 19% |
| 4. 41 - 49 hours      | 29% |
| 5. 50 - 59 hours      | 22% |
| 6. 60 or more hours   | 9%  |

14. Do you use social media such as Facebook or Twitter in your legal practice?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 14% |
| 2. No [ <i>Skip to Q. 16</i> ] | 86% |

15. Which social media do you use in your legal practice? [*Check all that you use*]

- |          |     |
|----------|-----|
| Facebook | 9%  |
| Twitter  | 4%  |
| LinkedIn | 8%  |
| Google+  | 3%  |
| MySpace  | <1% |
| Digg     | <1% |

## 16. How often do you visit the State Bar website?

- |                                           |     |
|-------------------------------------------|-----|
| 1. Every day/Almost every day             | 2%  |
| 2. Once or twice a week                   | 11% |
| 3. Once or twice a month                  | 32% |
| 4. Rarely                                 | 52% |
| 5. Never visited [ <i>Skip to Q. 21</i> ] | 3%  |

## 17. Overall, how would you rate the usefulness of the State Bar website?

- |                      |     |
|----------------------|-----|
| 1. Very useful       | 10% |
| 2. Useful            | 55% |
| 3. Not very useful   | 11% |
| 4. Not at all useful | 2%  |
| 5. Not certain       | 22% |

18. What features of the State Bar website do you find most useful? [*Check all that you use*]

- |                                      |     |
|--------------------------------------|-----|
| 1. Attorney search                   | 76% |
| 2. MCLE information                  | 40% |
| 3. Paying dues online                | 36% |
| 4. Ethics/Rules of Conduct           | 23% |
| 5. Legal news                        | 19% |
| 6. Attorney disciplinary summaries   | 16% |
| 7. Online CLE                        | 15% |
| 8. Articles                          | 13% |
| 9. Member Benefits/Products/Services | 11% |
| 10. Bar exam results                 | 10% |
| 11. Sections                         | 9%  |
| 12. Announcements/Events             | 9%  |
| 13. Other                            | 4%  |

## 19. Are there any features of the State Bar website you feel could be improved or you would like to see added in the future?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 16% |
| 2. No [ <i>Skip to Q. 21</i> ] | 84% |

## 20. What features of the State Bar website do you feel could be improved or added in the future?

Will be detailed in future report

21. Have you ever taken a course for MCLE credit on the Internet?

- |                                 |     |
|---------------------------------|-----|
| 1. Yes [ <i>Skip to Q. 23</i> ] | 60% |
| 2. No                           | 40% |

22. Do you think you will take a course for MCLE credit on the Internet in the next two years?

- |                |     |
|----------------|-----|
| 1. Yes         | 32% |
| 2. No          | 31% |
| 3. Not certain | 37% |

23. Do you personally pay the costs of your MCLE courses, or does the firm or organization where you work pay these costs?

- |                                          |     |
|------------------------------------------|-----|
| 1. You pay                               | 48% |
| 2. Your firm or organization pays        | 39% |
| 3. Some you pay/Sometimes your firm pays | 13% |

24. Do you feel MCLE courses are helpful or informative?

- |                |     |
|----------------|-----|
| 1. Yes         | 68% |
| 2. No          | 17% |
| 3. Not certain | 16% |

25. Would you please tell us why you feel that way?

Will be detailed in future report

26. Do you feel substance abuse is a significant problem in the legal profession?

- |                                         |     |
|-----------------------------------------|-----|
| 1. Yes – It is a significant problem    | 21% |
| 2. No – It is not a significant problem | 27% |
| 3. Not certain                          | 52% |

27. Has the State Bar's requirement that every attorney take one hour of substance abuse training been helpful or informative?

- |                |     |
|----------------|-----|
| 1. Yes         | 21% |
| 2. No          | 52% |
| 3. Not certain | 27% |

28. Have you ever called the State Bar's Ethics Hotline?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 35% |
| 2. No [ <i>Skip to Q. 30</i> ] | 65% |

29. Was the State Bar's Ethics Hotline helpful in resolving your question?

- |                |     |
|----------------|-----|
| 1. Yes         | 72% |
| 2. No          | 22% |
| 3. Not certain | 6%  |

30. Have you ever used any State Bar member discount or insurance programs?

- |        |     |
|--------|-----|
| 1. Yes | 24% |
| 2. No  | 76% |

31. Are there any other member benefit programs you would like the State Bar to offer?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 20% |
| 2. No [ <i>Skip to Q. 33</i> ] | 80% |

32. What other member programs or services would you like the State Bar to offer?

Will be detailed in future report

33. Do you feel the annual \$410 California attorney licensing fee is too low, too high or about right?

- |                |     |
|----------------|-----|
| 1. Too low     | 2%  |
| 2. Too high    | 60% |
| 3. About right | 38% |

34. Do you receive a monthly email of the online California Bar Journal?

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 74% |
| 2. No [ <i>Skip to Q. 38</i> ] | 14% |
| 3. Not Certain                 | 12% |

35. Do you read any part of the Bar Journal?

*[Among those who answered Yes or Not Certain to previous question]*

- |                                |     |
|--------------------------------|-----|
| 1. Yes                         | 70% |
| 2. No [ <i>Skip to Q. 38</i> ] | 30% |

36. Which parts or features of the California Bar Journal do you usually use?  
*[Check all that you read or use]*

|                       |     |
|-----------------------|-----|
| Legal profession news | 47% |
| Discipline summaries  | 34% |
| State Bar news        | 29% |
| Ethics news           | 25% |
| Commentary            | 21% |
| MCLE tests for credit | 15% |
| Job announcements     | 8%  |
| Other                 | 5%  |

37. If there are any additional features you would like to see in the California Bar Journal, please list them below.

Will be detailed in future report

38. Are you currently an active or inactive member of the bar?

|                                    |     |
|------------------------------------|-----|
| 1. Active                          | 84% |
| 2. Inactive <i>[Skip to Q. 40]</i> | 16% |

39. Do you, your firm or organization carry malpractice insurance?

|                |     |
|----------------|-----|
| 1. Yes         | 60% |
| 2. No          | 30% |
| 3. Not certain | 10% |

40. Do you belong to a local or another type of Bar Association?

*[Check all that you belong to]*

|                                     |     |
|-------------------------------------|-----|
| 1. Local Bar Association            | 43% |
| 2. Minority Bar Association         | 6%  |
| 3. Specialty Bar Association        | 14% |
| 4. Women's Bar Association          | 4%  |
| 5. Other Bar Association            | 17% |
| 6. Don't belong to other Bar Assoc. | 41% |

## 41. Where is your office located?

|                                           |     |
|-------------------------------------------|-----|
| 1. Los Angeles area                       | 22% |
| 2. Orange/San Diego                       | 16% |
| 3. Riverside/San Bernardino               | 2%  |
| 4. Ventura/Santa Barbara                  | 2%  |
| 5. Central Coast                          | 2%  |
| 6. San Francisco Bay Area                 | 23% |
| 7. Other Northern California              | 4%  |
| 8. North Central Valley (Sac. Area North) | 5%  |
| 9. South Central Valley                   | 3%  |
| 10. Other California                      | 1%  |
| 11. Out of State                          | 12% |
| 12. Don't have office                     | 8%  |

## 42. What is your age group?

|                     |     |
|---------------------|-----|
| 1. 35 years or less | 15% |
| 2. 36 - 39 years    | 7%  |
| 3. 40 - 44 years    | 10% |
| 4. 45 - 54 years    | 20% |
| 5. 55 years or more | 48% |

## 43. What is your gender

|           |       |
|-----------|-------|
| 1. Male   | 60.6% |
| 2. Female | 39.4% |

## 44. What is your ethnic or racial background?

|                           |       |
|---------------------------|-------|
| 1. White                  | 79.3% |
| 2. African-American       | 2.7%  |
| 3. Latino/Hispanic        | 4.2%  |
| 4. Asian/Pacific Islander | 7.7%  |
| 5. Native American        | .6%   |
| 6. Other                  | 2.6%  |
| 7. Mixed Race/Ethnicity   | 2.9%  |

## 45. What is your domestic status?

|                                          |       |
|------------------------------------------|-------|
| 1. Single                                | 16.5% |
| 2. Separated/Divorced                    | 9%    |
| 3. Married                               | 69.2% |
| 4. Living with Someone/Domestic partners | 5.3%  |

46. What is your sexual orientation?

- |                 |       |
|-----------------|-------|
| 1. Heterosexual | 95.4% |
| 2. Gay          | 2.4%  |
| 3. Lesbian      | 1.2%  |
| 4. Bisexual     | 1.0%  |

47. What is the approximate annual income you receive from your legal practice?

- |                          |     |
|--------------------------|-----|
| 1. Under \$50,000        | 26% |
| 2. \$50,000 - \$99,999   | 22% |
| 3. \$100,000 - \$149,999 | 20% |
| 4. \$150,000 - \$199,999 | 15% |
| 5. \$200,000 - \$300,000 | 9%  |
| 6. More than \$300,000   | 8%  |

48. How were you contacted about this survey?

- |                                                  |       |
|--------------------------------------------------|-------|
| 1. Received an email from the State Bar          | 99.5% |
| 2. Saw the survey on the State Bar website/Other | .5%   |

49. Are there any comments you would like to add about any of the topics we discussed in this survey?

Will be detailed in future report

50. To stay in touch with the needs of our members, the State Bar plans on conducting more surveys like this in the future. Would you be interested in participating in future research studies?

- |                                                                        |     |
|------------------------------------------------------------------------|-----|
| 1. Yes — Would like to participate                                     | 52% |
| 2. No — Would not like to participate [ <i>Skip to end of survey</i> ] | 48% |

**Background Facts**  
**Survey of Members of The State Bar of California**  
**December, 2011**

Our firm was retained by The State Bar of California in November 2011 to conduct a survey of its membership. The primary goal of the research was to determine the current demographic makeup of the State Bar and to assess any significant changes that may have occurred since past surveys were conducted.

The survey also measured member sentiment about a number of other topics including MCLE, State Bar benefit programs, the State Bar website and the California Bar Journal.

The survey was conducted by Hertz Research of Bodega Bay, which also conducted similar demographic surveys of the State Bar membership in 2001 and 2006. Hertz Research designed the survey questionnaire in consultation with State Bar staff.

A random sampling of 10,000 active and inactive members was selected to participate in the survey. On November 30, 2011, selected members were sent an email invitation from the President of the State Bar asking them to participate in the survey, which was conducted entirely online. A reminder email invitation was also sent several days later.

As of the December 9, 2011, deadline, 1,820 surveys were completed and were tabulated for this report. In addition, a link to the survey was posted on the State Bar website. The results of the survey in this report reflect only the random sample.

Regardless of methodology, all polls are potentially affected by a number of factors that may influence their accuracy. A common source for survey inaccuracy is sampling error. The number of respondents largely determines sampling error. Statistical theory indicates that in the case of a survey with this sample size (1,820 total interviews), the margin of sampling error would be approximately plus or minus three percent, with a confidence level of 95 percent.

The margin of sampling error for subgroups of respondents is higher than it is for the overall results. While the survey results should be generally reflective of the demographic makeup of the State Bar membership, analysis of small subgroups should be viewed with that in mind.

Other sources of error can also impact the accuracy of poll results. These include but are not limited to, the percentage of the sampling universe who choose to take part in the survey, the likelihood that respondents are available or connected to the Internet, the wording and ordering of questions, and the techniques used to determine possible survey participants. The cumulative impact of these potential sources of error is impossible to assess precisely.



## Paul Kangas

---

**From:** ABA Member Service <service@americanbar.org>  
**Sent:** Monday, March 07, 2016 4:28 AM  
**To:** Paul Kangas  
**Subject:** RE: General Questions and Comments#

Hello,

Thank you for contacting the American Bar Association.

Regrettably we do not have a research librarian on staff to answer specific questions, however you can browse our legal profession statistics webpage at the link below to assist you in your research:

[http://www.americanbar.org/resources\\_for\\_lawyers/profession\\_statistics.html](http://www.americanbar.org/resources_for_lawyers/profession_statistics.html)

Visit our website at [www.americanbar.org](http://www.americanbar.org) or contact us at [www.americanbar.org/contactus](http://www.americanbar.org/contactus). For immediate assistance, please call the ABA Service Center at 800-285-2221 or 312-988-5522 Monday-Friday between 9:00 AM and 6:00 PM ET.

Sincerely,

ABA Service Center  
American Bar Association  
321 North Clark Street  
Chicago, IL 60654

T: 800-285-2221  
F: 312-988-5528  
[service@americanbar.org](mailto:service@americanbar.org)  
[www.americanbar.org](http://www.americanbar.org)

**From:** paul.kangas@standard.com [mailto:paul.kangas@standard.com]  
**Sent:** Thursday, March 03, 2016 4:37 PM  
**To:** ABA Member Service  
**Subject:** General Questions and Comments#

I am needing to determine if most attorney's work an average of more than 40 hours per week. Can you provide any statistics to indicate the number of hours per week most attorneys work? Thank you in advance for your assistance.

From Paul Kangas  
[paul.kangas@standard.com](mailto:paul.kangas@standard.com)

**Paul Kangas**

---

**From:** Paul Kangas  
**Sent:** Thursday, March 03, 2016 2:54 PM  
**To:** 'info@osbar.org'  
**Subject:** Inquiry

Hello,

I am looking to determine the number of hours most attorneys work per week on average. For example, do most attorneys work an average of more than 40 hours per week? What percentage of attorneys work less than 40 hours per week on average? Can you provide any statistics?

Thank you in advance for your assistance.

**Paul Kangas, MS, CRC | Vocational Case Manager**  
***The Standard***

Standard Insurance Company  
900 SW Fifth Avenue | Portland, OR 97204  
Phone 971.321.7549 | Toll Free (800) 628-9696, ext. 7549 | Fax 971.321.6118  
[paul.kangas@standard.com](mailto:paul.kangas@standard.com) | [www.standard.com](http://www.standard.com)

*No response wr of 3/10/16. -PK*

**Paul Kangas**

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**From:** Paul Kangas  
**Sent:** Thursday, March 03, 2016 2:59 PM  
**To:** 'media@nysba.org'  
**Subject:** Inquiry

Hello,

I am looking to determine the number of hours most attorneys work per week on average. For example, do most attorneys work an average of more than 40 hours per week? What percentage of attorneys work less than 40 hours per week on average? Can you provide any statistics?

Thank you in advance for your assistance.

**Paul Kangas, MS, CRC | Vocational Case Manager**

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900 SW Fifth Avenue | Portland, OR 97204

Phone 971.321.7549 | Toll Free (800) 628-9696, ext. 7549 | Fax 971.321.6118

[paul.kangas@standard.com](mailto:paul.kangas@standard.com) | [www.standard.com](http://www.standard.com)

*No response as of 2/10/16. - PK*

## Paul Kangas

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**From:** Debra Carnes <debrac@wsba.org>  
**Sent:** Thursday, March 03, 2016 4:45 PM  
**To:** Paul Kangas  
**Subject:** FW: Inquiry

Paul:  
I was forwarded your question. This is not a question the bar could answer and if you asked 100 attorneys you may get 100 different answers. There are so many different types of law and practices. For instance, the hours of big firm attorneys will most likely differ greatly than those that are in-house counsel, etc. Asking directly may be your best source of data on this one.

Regards,  
Debra

**Debra Carnes | Chief Communications Officer**  
Washington State Bar Association | 206.733.5930 | F 206.727.8321 | [debrac@wsba.org](mailto:debrac@wsba.org)  
1325 Fourth Avenue, Suite 600 | Seattle, WA 98101-2539 | [www.wsba.org](http://www.wsba.org)

---

**From:** Paul Kangas [<mailto:Paul.Kangas@standard.com>]  
**Sent:** Thursday, March 03, 2016 2:53 PM  
**To:** Questions  
**Subject:** Inquiry

Hello,

I am looking to determine the number of hours most attorney's work per week on average. For example, do most attorney's work an average of more than 40 hours per week? What percentage of attorney's work less than 40 hours per week on average? Can you provide any statistics?

Thank you in advance for your assistance.

**Paul Kangas, MS, CRC | Vocational Case Manager**  
**The Standard**  
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900 SW Fifth Avenue | Portland, OR 97204  
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[paul.kangas@standard.com](mailto:paul.kangas@standard.com) | [www.standard.com](http://www.standard.com)

**DAWN SCHONBERG**

SENIOR BENEFITS REVIEW SPECIALIST

Standard Insurance Company  
(971) 321-8765

3/3/18

Paul — additional information is needed  
for me to complete the AEU review.

Following two medical reviews, neuropsych  
has said cl is limited to 40 h/w in her  
occupation. This group policy does not have  
the 40h/w wording in the own occ def.  
disability.

→ Question: Does the occupation of Attorney generally  
require working more than 40 h/w?  
there is national economy lang in this def of  
disab.



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**INTEROFFICE MEMORANDUM**

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**TO: DAWN SCHONBERG, BENEFITS REVIEW SPECIALIST, SR.**

**RE: BETHANY COLEMAN-FIRE**

**FROM: PAUL KANGAS, VOCATIONAL CASE MANAGER**

**SUBJECT: OWN OCCUPATION/SCOPE OF LICENSE**

**CLAIM #: 00VW3181**

**DATE: JANUARY 12, 2016**

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This file was referred by the Benefits Review Specialist with the request to identify the claimant's Own Occupation as defined by the Group Policy for Professional Services Employers Trust on behalf of Davis Wright Tremaine LLP. This Group Policy indicates the following definition for Own Occupation:

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the usual occupation you are ordinarily performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

The Employer's Statement, dated 12/23/2014, lists a job title of Associate Attorney at Davis Wright Tremaine LLP. The Employee's Statement, dated 12/3/2014, lists a job title of Associate Attorney; and duties including: "review documents, write legal documents, analyze client matters, do computer and book research. [...] Draft legal memoranda, do legal research, meet with clients." The Job Description also lists a job title of Associate Attorney; and duties such as: "represents clients in criminal and civil litigation and other legal proceedings, draws up legal documents, and manages or advises clients on legal transactions." The claimant's profile from the employer's website notes that she concentrates her practice on litigation; and has experience in a wide variety of legal matters, including bankruptcy, creditor rights, professional liability, and contract disputes.

The Oregon State Bar website was researched and it was found that the claimant is an Active Member of the Bar. She was admitted to the Oregon Bar on 10/6/2011 and her Bar number is 113574.

Given the above information including the Own Occupation definition, the claimant's Own Occupation under the group policy will be considered to be as broad as the scope of her license as an attorney.

*Own Occ*

**EXHIBIT 1  
PART 1 of 2  
Page 594 of 1248**

The Oregon Revised Statutes were reviewed and the following was found, per Volume 1, Chapter 9 regarding the “Duties of an Attorney” and “Bar Membership Required to Practice Law”:

§ 9.460<sup>1</sup>

DUTIES OF ATTORNEYS

An attorney shall:

- (1) Support the Constitution and laws of the United States and of this state;
- (2) Employ, for the purpose of maintaining the causes confided to the attorney, such means only as are consistent with truth, and never seek to mislead the court or jury by any artifice or false statement of law or fact;
- (3) Maintain the confidences and secrets of the attorney's clients consistent with the rules of professional conduct established pursuant to ORS 9.490 (Formulation of rules of professional conduct); and
- (4) Never reject, for any personal consideration, the cause of the defenseless or the oppressed. [Amended by 1989 c.1052 §9; 1991 c.726 §5]

§ 9.160<sup>1</sup>

BAR MEMBERSHIP REQUIRED TO PRACTICE LAW

• EXCEPTIONS

- (1) Except as provided in this section, a person may not practice law in this state, or represent that the person is qualified to practice law in this state, unless the person is an active member of the Oregon State Bar.
- (2) Subsection (1) of this section does not affect the right to prosecute or defend a cause in person as provided in ORS 9.320 (Necessity for employment of attorney).
- (3) An individual licensed under ORS 696.022 (Licensing system for real estate brokers and property managers) acting in the scope of the individual's license to arrange a real estate transaction, including the sale, purchase, exchange, option or lease coupled with an option to purchase, lease for a term of one year or longer or rental of real property, is not engaged in the practice of law in this state in violation of subsection (1) of this section.
- (4) A title insurer authorized to do business in this state, a title insurance agent licensed under the laws of this state or an escrow agent licensed under the laws of this state is not engaged in the practice of law in this state in violation of subsection (1) of this section if, for the purposes of a transaction in which the insurer or agent provides title insurance or escrow services, the insurer or agent:
  - (a) Prepares any satisfaction, reconveyance, release, discharge, termination or cancellation of a lien, encumbrance or obligation;
  - (b) Acts pursuant to the instructions of the principals to the transaction as scrivener to fill in blanks in any document selected by the principals;
  - (c) Presents to the principals to the transaction for their selection any blank form prescribed by statute, rule, ordinance or other law; or
  - (d) Presents to the principals to the transaction for their selection a blank form prepared or approved by a lawyer licensed to practice law in this state for one or more of the following:
    - (A) A mortgage.
    - (B) A trust deed.
    - (C) A promissory note.
    - (D) An assignment of a mortgagee's interest under a mortgage.
    - (E) An assignment of a beneficial interest under a trust deed.
    - (F) An assignment of a seller's or buyer's interest under a land sale contract.
    - (G) A power of attorney.

(H) A subordination agreement.

(I) A memorandum of an instrument that is to be recorded in place of the instrument that is the subject of the memorandum.

(5) In performing the services permitted in subsection (4) of this section, a title insurer, a title insurance agent or an escrow agent may not draft, select or give advice regarding any real estate document if those activities require the exercise of informed or trained discretion.

<sup>1</sup> Legislative Counsel Committee, *CHAPTER 9—Attorneys; Law Libraries*, <http://www.leg.state.or.us/ors/009-.html> (2009) (last accessed Mar. 8, 2010).

Relevant to the above statutes, it should be noted, per the Oregon State Bar:

**9.005 Definitions for ORS 9.005 to 9.755.**

As used in ORS 9.005 to 9.755, unless the context or subject matter requires otherwise:

(1) “Attorney” and “member” mean a member of the bar.

The Oregon Code of Professional Conduct was researched, and the following was noted concerning the “Unauthorized Practice of Law”:

*Rule 5.5 Unauthorized Practice of Law; Multijurisdictional Practice*

(a) A lawyer shall not practice law in a jurisdiction in violation of the regulation of the legal profession in that jurisdiction, or assist another in doing so.

(b) A lawyer who is not admitted to practice in this jurisdiction shall not:

(1) except as authorized by these Rules or other law, establish an office or other systematic and continuous presence in this jurisdiction for the practice of law; or

(2) hold out to the public or otherwise represent that the lawyer is admitted to practice law in this jurisdiction.

The above statutes document that one must be licensed in order to practice law in the State of Oregon. Given the above information and the group policy definition of Own Occupation, the claimant’s Own Occupation will be considered to be as broad as the scope of her license to practice law in Oregon. The overall occupation of Lawyer would be most reasonably represented by the following *Dictionary of Occupational Titles (DOT)* Title, Code, and Definition; this occupation would be considered Sedentary as it is generally performed.

**DOT Title: Lawyer - DOT Code: 110.107-010 - DOT Definition:**

Conducts criminal and civil lawsuits, draws up legal documents, advises clients as to legal rights, and practices other phases of law. Gathers evidence in divorce, civil, criminal, and other cases to formulate defense or to initiate legal action. Conducts research, interviews clients, and witnesses and handles other details in preparation for trial. Prepares legal briefs, develops strategy, arguments and testimony in preparation for presentation of case. Files brief with court clerk. Represents client in court, and before quasi-judicial or administrative agencies of government. Interprets laws, rulings, and regulations for individuals and businesses. May confer with colleagues with specialty in area of lawsuit to establish and verify basis for legal proceedings. May act as trustee, guardian, or executor. May draft wills, trusts, transfer of assets, gifts and other documents. May advise corporate clients concerning transactions of business involving internal affairs, stockholders, directors, officers and corporate relations with general public. May supervise and coordinate activities of subordinate legal personnel. May prepare business contracts, pay taxes, settle labor disputes, and administer other legal matters. May teach college courses in law. May specialize in specific phase of law.



For additional information regarding the physical demands, aptitudes, temperaments, and environmental conditions, please refer to the attached document and follow-up with a Vocational Case Manager as necessary.

I hope this information will be of help in your analysis. Please let me know what further assistance, if any, that I can provide in this matter.

*Phil Kungu, MS, CRC* 1/12/16

## OSB Membership Directory

[New Search](#)**Bethany Lynne Coleman-Fire**

Bar Number 113574

Status Active Member

Admit Date 10/6/2011

Mailing Address Bethany Lynne Coleman-Fire  
Davis Wright Tremaine LLP  
1300 SW 5th Ave Ste 2400  
Portland OR 97201

County Multnomah

Phone 503 778-5439

Fax

Email [bethanycolemanfire@dwt.com](mailto:bethanycolemanfire@dwt.com)Website [www.dwt.com/people/bethanycolemanfire](http://www.dwt.com/people/bethanycolemanfire)**Show Disciplinary History**

If you have trouble locating a member, please call us for assistance at (503) 620-0222 x0, or toll-free in Oregon at (800) 452-8260 x0, or send an email to [info@osbar.org](mailto:info@osbar.org)

Physical Demands – Strength Ratings\*

S- Sedentary Work – Exerting up to 10 pounds of force occasionally. (Occasionally: activity or condition exist up to 1/3 of the time) and/or a negligible amount force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

L- Light Work – Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

M- Medium Work – Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

H- Heavy Work – Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those Medium Work.

V- Very Heavy Work – Exerting to excess of 100 pounds of force occasionally, and/or in excess to 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.

*\* As described in the Dictionary of Occupational Titles, Fourth Edition Revised 1991 US Department of Labor Employment and Training Administration.*

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                       | Paul Kangas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Title</b>                      | Vocational Case Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Office</b>                     | Employee Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Joined Standard In</b>         | May 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Positions Held at Standard</b> | Vocational Case Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Other Industry Experience</b>  | <p>Vocational Rehabilitation Counselor, September 2009 – May 2011<br/>State of Oregon, Office of Vocational Rehabilitation Services</p> <p>Vocational Rehabilitation Counselor Intern, January 2009 - August 2009<br/>State of Oregon, Office of Vocational Rehabilitation Services</p> <p>Counselor Intern, January 2009-August 2009<br/>Family Solutions, Inc.</p> <p>Family Support Specialist, July 2008-August 2009<br/>Family Solutions, Inc.</p>                                                                               |
| <b>Professional Designation</b>   | Certified Rehabilitation Counselor, CRC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Education and Training</b>     | <ul style="list-style-type: none"> <li>• Master of Science - Rehabilitation Counseling; Portland State University, Portland, Oregon</li> <li>• Bachelor of Science; Portland State University, Portland, Oregon</li> <li>• Continuing Education Credits in: Ethics, Motivational Interviewing, Functional Limitations of Traumatic Brain Injury, Case Management, Assessment, Supported Employment, Workers Compensation, Functional Limitations of ADHD, Work Based Vocational Evaluation, Transition from School to Work</li> </ul> |